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ABSTRACT

This report provides a comprehensive look at the challenges facing mothers and children during and after armed conflict. The examination is divided into the sections "Mothers in War," "Mothers Rebuilding," and "Call to Action." Key findings include the following: (1) the nature of war has changed dramatically in recent decades, putting mothers and children at greater risk of death, disease, displacement, and exploitation; (2) during wartime, the world community must recognize the inextricable link between mothers' and children's well-being and do more to ensure the survival of both; (3) investing in mothers is one of the most effective ways to help post-conflict societies achieve reconciliation and move forward; and (4) while warfare has changed dramatically, the humanitarian response has not; governments and international organizations need to do more to ensure the protection and care of women and children during conflict situations. The report notes a number of reforms and investments that could make a critical difference in the lives of these women and children, including making their care and protection a humanitarian priority, giving special attention to the financial and security needs of women and children, and increasing effectiveness of emergency responses by shifting U.S. resources to the non-governmental organizations closest to the conflict. The report also includes the third annual Mother's Index comparing the well-being of mothers and children in over 100 countries, along with explanations of the research methodology and indicators used. (Contains 39 endnotes.) (EV)

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State of the World's Mothers 2002

Mothers & Children in War & Conflict

PS 030429

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Save the Children

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Mothers & Children in War & Conflict

In honor of Mother's Day and the United Nations Special Session on Children, Save the Children is publishing its third annual *State of the World's Mothers* report. By focusing on the millions of mothers and children whose lives have been disrupted by war and armed conflict, this report helps to bring attention to critical humanitarian and development needs in war-torn communities around the world, and to suggest actions needed to support women who are raising the world's future generations under some of the most difficult and horrific circumstances imaginable.

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Save the Children® is a leading international non-profit children's relief and development organization working in more than 40 countries, including the United States. Our mission is to create lasting, positive change in the lives of children in need. Save the Children is a member of the International Save the Children Alliance, comprising more than 30 independent Save the Children national organizations working in more than 100 countries to ensure the well-being of children everywhere.

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Letter from the President

Charles F. MacCormack
President and CEO

Save the Children's third annual *State of the World's Mothers* report comes at a pivotal moment in history, when crises and conflicts in various parts of the world have focused a spotlight as never before on the importance of assistance for mothers and children impacted by war and displacement.

We have learned from our seven decades of experience about the inextricable link between a mother's well-being and the survival and well-being of her children. We also know how to develop programs that help mothers in this role.

Our 2002 report points out once again that a disheartening disparity exists between rich and poor countries concerning the state of mothers. In addition, this year's research demonstrates how much more critical – and difficult – the mother-child connection is during times of war and armed conflict. In fact, fully half of the countries that ranked in the bottom 10 for mothers worldwide either are, or recently have been, in conflict situations.

In times of war, when basic health services and livelihoods are disrupted, if not totally destroyed, mothers may find it impossible to adequately feed and support their families. They and their children also become more vulnerable to the risks of exploitation, sexual abuse and physical danger.

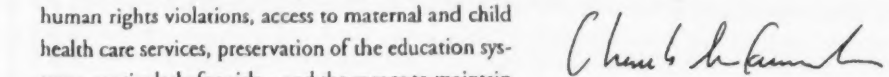
Fortunately, we can do something about this. Solutions already exist for helping mothers and children with programs that provide protection from human rights violations, access to maternal and child health care services, preservation of the education system – particularly for girls – and the means to maintain family income. These programs must be expanded if we are to prevent future crises from happening.

President Bush's proposed Millennium Challenge Account, which would commit $10 billion over a three-year period for humanitarian and development assistance, reflects a groundswell of popular support for such efforts. If this fund is realized – and if an adequate portion of it is applied to the life-saving needs of mothers and children in war and conflict – it will mark a significant step forward in our nation's ability to help many more children and their families around the world, and build a brighter, more prosperous and stable future for us all.

There is a part for everyone to play in this important endeavor:

- Join Save the Children's *Every Mother/Every Child* campaign to provide every mother with the necessary tools so she and her children can survive and thrive
- Write to the US administration, your senators and representatives, urging priority status for mothers and children in this country's humanitarian response programs
- Become informed about the issues and the work on behalf of mothers and children by visiting our website at www.savethechildren.org
- Make a contribution, by phone or online, to ensure that families in the developing world have a chance to break through the cycle of poverty and help build peace and stability for their societies.

Since its founding in 1919 to help children in war-torn Europe after World War I, Save the Children has always worked – and will continue to work – for the safety, the welfare and the future of children around the world. I believe that today, more than ever before, many, many people are ready to join us.



Charles F. MacCormack
President and CEO

Foreword: Mother's Day 2002

Graça Machel

Our failure to protect the world's children is most visible in situations of armed conflict – and it is a failure that shames each of us: individuals, organizations, civil society groups, governments and nations.

The litany of crimes against children in situations of conflict is long and horrifying: abduction, forced military service, murder, displacement, hunger and malnutrition, sexual abuse, mutilation, ill health and death from preventable diseases, loss of family, loss of essential care and education, loss of freedom. With alarming frequency, we see children in conflict situations abused by adults in the name of political expediency. The physical and emotional scars inflicted can last a lifetime.

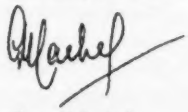
In the many years that I have worked on the protection of children in armed conflict, it has become increasingly clear that the lives of children are jeopardized when the lives of women are not protected. When we fail to meet the needs of mothers affected by war, we fail not only them, but also their children. Yet we must move beyond even this compelling argument. Surely the true reason to meet the needs of mothers in times of conflict is because despite years of national and international promises, commitments and legislation, women's rights are violated regularly and with impunity. And conflict highlights starkly the world's failure to protect the human rights of half the planet's population.

In October 2000, the UN passed Resolution 1325, acknowledging issues that many women have had to live with for far too long – that war affects women differently than men; that women's protection and needs in wartime are neglected; and that women's contributions to peace building are marginalized. Women are subject to extreme brutality in times of conflict, including abduction, mutilation, forced displacement, trafficking, systematic sexual exploitation, murder, rape and torture. Even so-called safe havens – refugee camps, schools, hospitals – become transformed into battlegrounds on which women and young girls are terrorized and brutalized.

It is with pleasure that I write the foreword for this important report. *State of the World's Mothers 2002* highlights the way war impacts mothers, gives voice to their experiences, and is part of a growing international process to cement the centrality of women in peace building, development and the construction of better and more secure futures for us all.

Though this report is entitled *State of the World's Mothers*, its reach extends much further. Being a mother is much more than a biological process – and in my experience armed conflict makes mothers of many women. Women hold families, communities and whole nations together in times of conflict, and in doing so they often take on the care of children. I have seen women who have never given birth become mothers to abandoned, separated or orphaned children. I have seen 12-year-old girls in refugee camps become mothers to their younger brothers and sisters and other children who have lost their parents. And so I hope that as you read this report, when you read of mothers you will think of the many women that term encompasses.

All women deserve protection from violence and exploitation, as well as access to education, proper health care and economic opportunities – so they can protect themselves and their families, so they can live productive and fulfilled lives, and so they can contribute fully and effectively in the rebuilding of nations after armed conflict. The global community can and must do more to make the protection of women, of mothers, of children in armed conflict a priority and a reality. Governments, national and international organizations must act urgently to fulfill the promises made to protect our communities and provide secure pathways to better futures throughout the world. It is my hope that each and every one of us – as community members and as individuals – will be inspired to work to effect change in the lives of children and women, and thus, the world.



Graça Machel

Graça Machel, a former Minister of Education in Mozambique, is a renowned international advocate for children and author of the groundbreaking 1996 United Nations study on the Impact of Armed Conflict on Children. *Her book,* The Impact of War on Children, *was published earlier this year.*

Foreword: Mother's Day 2002

Cokie Roberts,
TV Anchor and
Save the Children Advocate

Every year as we celebrate Mother's Day, we're reminded again of just how hard it is to raise children. No matter how privileged or poor a woman may be, the responsibility of bringing a human being into the world and nurturing that child to adulthood is daunting. Most of us look at our own mothers with new respect when we become mothers ourselves. I now look at my daughter and daughter-in-law with new respect seeing what fine mothers they have become. (And with more than a little relief and a few behind the hand chuckles that it's now their turn.)

Have you ever met a mother who isn't fiercely protective of her child? Probably not. Then can you imagine being in the position of literally having to shield your children from gunfire? It would be horrifying. Too many women around the world face that horrific situation day in and day out.

Throughout time, women and children have suffered as the unintended victims of the world's wars, but the nature of warfare in the modern world has intensified that suffering. Take a look at this year's report on the *State of the World's Mothers,* and you'll see what I mean.

No longer is there a delineated war zone – a place where the men go to fight while the women and children stay home and wait. Now both men and women, some of them mothers, are caught up in the war itself. And the place where the war is waged is as likely to be a busy city street as a far off battlefield.

Think what it would be like to try to raise a child under those conditions. If you can't imagine it, *State of the World's Mothers 2002* vividly documents it for you. How can a mother feed her children and try to keep them well when there's no food or medical assistance available to her? She can't, unless we help her.

She also can't provide for education when schools are destroyed and children go for weeks or months without ever seeing a teacher. The need to fill in the gaps is enormous.

And women who are themselves the targets of violence and sexual abuse are in no position to nurture their children. So we must help them. We've seen what happens when we do nothing.

There's a chance now to do something in Afghanistan and other war-affected countries. If we help mothers rebuild their lives after the horror of war, we'll be rebuilding a civilization. Children will be fed and clothed and cared for and educated. And the women can take up the tasks they performed before the war – as teachers, doctors, government workers, businesswomen.

What can we do to help? What works? That's the practical question most mothers ask. Fortunately, Save the Children has decades of experience in answering that question. By investing strategically in mothers, Save the Children reaps benefits for women, their children and their communities.

That's why I'm so happy to be associated with Save the Children's efforts. The life-saving work the organization does with the women and children of the world is miraculous indeed. Through the *State of the World's Mothers 2002* report, Save the Children gives voice to the needs and hopes and even dreams of millions of mothers while telling *us* how to help them fulfill those needs and hopes and dreams. Please, join me in supporting Save the Children. It will make for a more joyous Mother's Day for you, and for mothers around the world.

Thank you.

Cokie Roberts

Cokie Roberts

Executive Summary

This year's *State of the World's Mothers* report provides a comprehensive look at the challenges facing mothers and children during and after armed conflict. It documents the inextricable link – in wartime and in peacetime – between a mother's well-being and the survival and well-being of her children. By examining mothers' critical roles as protectors, caregivers, income-earners and educators of the next generation, this report shows how these roles become all the more important, when mothers and children become more imperiled, during times of war.

Based on the findings, *State of the World's Mothers 2002* calls for changes in international policies and humanitarian response efforts to prioritize the care and protection of women and children. These critically needed reforms and investments will enable mothers to do more for themselves and their children, and increase the likelihood that poverty and the instability it fosters will not be repeated in the next generation.

Key Findings

1. The nature of war has changed dramatically in recent decades, putting mothers and children at greater risk of death, disease, displacement and exploitation.

Today, women and children are the casualties of deliberate and systematic violence against entire populations. Women and children are killed, maimed and exploited as opposing forces – often acting on long-simmering ethnic and religious grievances – seek to destroy each other's cultures and the very fabric of society.

When houses, schools and hospitals are bombed, food supplies are cut off, agricultural fields are strewn with land mines and wells are poisoned, mothers struggle mightily to preserve their way of life and keep children safe and healthy. When communities are destabilized and large numbers of people flee their homes to escape violence, women and girls face increased risk of being subjected to sexual assault and abuse. And when parents lose the ability to protect and provide for their children, boys and girls as young as eight or nine years old may be pressed into military servitude. On a large scale, these individual tragedies have a devastating impact on the healthy development of families and society, and can take generations to repair.

2. During wartime, the world community must recognize the inextricable link between mothers' and children's well-being and do more to ensure the survival of both.

In poor countries, when men go away to fight – perhaps never to return – women become heads of households and assume even greater responsibility for the security and well-being of the family. With access to health care, food, education and economic opportunities, as well as protection from danger and exploitation, these mothers are better able to keep their children safe and raise them successfully, even in situations of extreme adversity.

While thousands of women and children are killed every year as a direct result of fighting, many more die from malnutrition and diseases that spread during conflict. It has been estimated that under conflict conditions, a minimum of half of all deaths among children under 5 are attributable to diarrheal disease, acute respiratory infection, measles and other diseases which could be prevented or treated if resources were available.

Childbirth – already a leading cause of death among women in many poor countries – becomes even more life-threatening in situations of war and displacement. Reproductive health care, including safe pregnancy measures and voluntary family planning, can save the lives of countless women and newborn children, as well as prevent untold suffering.

Livelihood protection measures, expanded food distribution and emergency therapeutic feeding programs are critically needed during times of conflict to ward off malnutrition and death. When food production and supply are disrupted, children's nutritional status can become highly dependent on the strength and resourcefulness of the mother. If economic pressures become severe, women may be forced to sell their productive assets – for example their looms or livestock – in order to buy food, setting the family up for destitution. In countries such as Afghanistan and Ethiopia, where productive assets have been recently depleted in large numbers of households, it may take a generation or more for communities to recover.

Abrupt life changes, family separation, worry about loved ones, and loss of community and family support are emotionally difficult for almost everyone caught up in armed conflict. More serious psychological

problems arise from torture and sexual abuse. Although much more needs to be done to understand and address the psychological needs of war-affected populations, some successful approaches have been developed that are helping children and their families in Afghanistan, Rwanda, the West Bank and Gaza to cope with the upheaval and loss of war.

Education programs during times of violence provide security and some sense of normalcy in addition to preparation for a better future. Recreational activities help children to express their feelings, cope with trauma, and channel their energy constructively. In addition to keeping them in a classroom where they are less likely to be harmed, education can also introduce new survival skills. For example, children may be taught how to avoid land mines, protect themselves against sexual abuse or resolve interpersonal conflicts.

3. Investing in mothers is one of the most effective ways to help post-conflict societies achieve reconciliation and move forward.

Often, after enduring years of destruction and chaos, women step up to play highly constructive roles as peacemakers and rebuilders. A number of successful women's initiatives for peace have used the universal symbol of motherhood to evoke both the power to forgive and the power to protect. Evidence suggests that additional investments in mothers can be a key ingredient in helping post-conflict societies achieve reconciliation, development and a better future for children.

Most women in post-conflict societies already have skills they can use to make a living, but they need help to fully utilize these skills so they can do more for their families. Small business loan programs have been successful in Bosnia, Georgia, Guatemala and Mozambique, helping families and communities to get back on their feet. The benefits often extend well beyond the individuals who participate. By bringing groups of women together in productive enterprises, these projects help rebuild lost trust, confidence and sense of community.

After the fighting has stopped, many health problems that were exacerbated during conflict will remain. HIV/AIDS may have spread unchecked, and diseases like tuberculosis and polio that were under control before the conflict began may have re-emerged with a vengeance. Safe water and nutritious food may still be hard to come by. And the risk of death in childbirth will likely be higher than it was prior to the conflict. All these conditions will continue to threaten the lives of mothers and children. Yet dramatic health improvements are possible when women have access to maternal health services, including voluntary family planning, and education about easily preventable or treatable diseases.

Many children, especially girls, in post-conflict countries have missed years of schooling and need to catch up. Schools must be as responsive as possible to children's deficits in learning, and mothers can help enormously, especially if they are educated, to reinforce their children's intellectual development at home. Unfortunately, high rates of adult female illiteracy, common in post-conflict developing countries, have a profound impact not just on children's ability to learn, but also on the overall health and well-being of the family. Adult literacy programs for mothers in these countries are helping to improve these conditions.

4. While warfare has changed dramatically, the humanitarian response has not. Governments and international organizations need to do more to ensure the protection and care of women and children during conflict situations.

Governments and humanitarian agencies have a mixed record when it comes to prioritizing the needs of women and children during times of war. When donors focus on the material needs of war-affected populations – such as shelter, food, sanitation and general health care – there is often insufficient support for safe places for children, reproductive health care for women, or programs to address the psychological needs of both.

Private groups – also known as non-governmental organizations or NGOs – are generally more knowledgeable about how to ensure the health and safety of women and children because they work at the community level where practical protection issues are best addressed. NGOs often have long-standing relationships with individuals and organizations in war-torn communities and are experienced at developing community-based solutions. The reach of NGOs has been constrained by lack of resources, however, so many opportunities to lessen suffering and sustain communities in recent decades have been lost.

Recommendations

The key findings point to a number of reforms and investments that could make a critical difference in the lives of women and children in conflict-ridden countries, and help build a more peaceful and prosperous world:

- **First, the care and protection of women and children must be *the humanitarian priority* in ethnic and political conflicts.** In every conflict situation, governments should conduct an informed analysis of the particular risks faced by women and children, accompanied by a feasible plan of action to protect and assist women and children.
- **Second, all women should be provided with the tools they need so they and their children can survive during war and conflict,** in particular: food and basic shelter; childhood immunizations and curative care; and reproductive health care, including safe pregnancy measures and voluntary family planning.
- **Third, give special attention to the financial and security needs of women and children.** Women are susceptible to exploitation and abuse during the chaos of conflict. It is often difficult for them to provide for the material needs of their families without putting themselves at additional risk of exploitation.
- **Fourth, once conflict has ended and the daunting task of rebuilding communities begins, investing in mothers is one of the most effective ways to help post-conflict societies achieve reconciliation and move forward.** Women and children must continue to be a priority during this phase with access to essential health services, education and micro-credit – the tools they need not just to survive, but to thrive.
- **Finally, in order to increase the effectiveness of emergency response and ensure that relief reaches those most in need, the US government should shift more resources to the non-governmental organizations (NGOs) that are closest to the ground in emergency situations.** The government must also encourage greater coordination between NGOs, and the government agencies and other groups offering operational support in these situations.

The Mothers' Index

The third annual *Mothers' Index* compares the well-being of mothers and children in 105 countries, 31 of which are either currently experiencing conflict or have recently emerged from conflict *(see page 40)*. The *Index* uses six indicators measuring the status of women in the areas of health, literacy, use of contraception and political participation; and four indicators covering the well-being of children, which are: infant mortality, nutritional status, primary school enrollment and access to safe water.

The *Index* also provides information on an additional 64 countries for which sufficient data existed to present findings on women's indicators or children's indicators, but not both. When these are included, the total comes to 169 countries, 47 of which are either currently in conflict or recently post-conflict.

Switzerland, Canada and Norway top the rankings this year. The top 10 countries, in general, attain very high scores for mothers' and children's health and educational status. The United States just barely makes the top 10, tying for tenth place with Austria, up from eleventh place last year. The 10 bottom-ranked countries are a reverse image of the top 10, performing poorly on all indicators.

The gap in availability of maternal and child health services is especially dramatic when comparing Switzerland and Niger, the top- and bottom-ranked countries. In Switzerland, trained personnel attend virtually all births; 78 percent of women use modern contraception, and only 3 out of 1,000 infants die before their first birthday. Conversely, in Niger, only 18 percent of births are attended by trained health personnel; a mere 5 percent of women use modern contraception, and 159 infants out of 1,000 die. In addition, the lifetime risk of a woman dying in childbirth is nearly 1,000 times greater in Niger than in Switzerland.

Zeroing in solely on the children's well-being portion of the *Mothers' Index*, Afghanistan finishes in last place, behind 155 other countries. In that country, 165 infants out of every 1,000 die before their first birthday; 71 percent of children are not enrolled in school, and 88 percent of the population is without safe water, and 25 percent of children are suffering from moderate or severe malnutrition. The situation for mothers is equally dismal: 98 percent of women are not using modern contraception, 92 percent of all babies are delivered without trained health personnel, and one in 7 mothers die in childbirth during their lifetime.

Statistics are far more than numbers. It is the human despair and lost opportunities beyond these numbers that call for ensuring that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come.

Mothers in War
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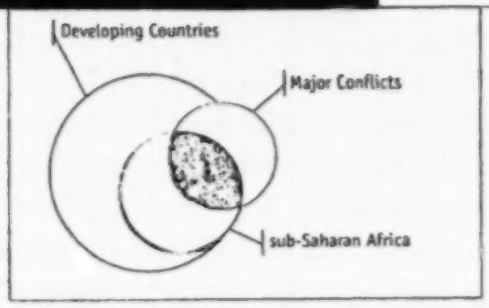
The New Face of War

War and armed conflict have characterized the recent history of many poor countries where mothers and children were already struggling to meet their basic needs. The long, tragic list of humanitarian crises includes genocide in Rwanda, civil war in Guatemala, immeasurable suffering in the Balkans, and decades of violence in Afghanistan, Sudan and Liberia. Each conflict has affected women in profoundly different ways from men, and each has shown the critical role that mothers play in sustaining communities and caring for the next generation, often in the face of horrific challenges.

Since the end of the Cold War, the nature of conflict has changed dramatically. Modern-day wars rarely pit one country's army against another's – more often, they involve one ethnic or religious group against another. Gone are the traditional battlefields where men go off to fight elsewhere – today's wars are conducted in the village, at people's doorsteps, and often, quite literally, in their homes. Belligerent parties deliberately inflict violence on civilian populations, and women and children are killed, maimed and exploited more callously and more systematically than ever before.

The percentage of civilians killed and wounded as a result of hostilities has risen from 5 percent of all

Conflict is More Common in Poor Countries



In the 1990s, 39 countries experienced major conflicts, defined as at least 1,000 deaths in any one year.[1] As the diagram shows, most of these conflicts occurred in developing countries, where many people already live in abject poverty. Nearly a third of the countries in sub-Saharan Africa were affected by major conflict during the decade, and these numbers underestimate the full human toll, because they do not include smaller conflicts which may be long-running and equally devastating, especially over time. By one estimate, there were 79 countries experiencing war or violent conflict in the early 1990s, and 65 of these were in the developing world.[2] UNICEF estimates that of 150 major conflicts since the World War II, 130 have been fought in the developing world.[3]

1 Carnegie Commission on Preventing Deadly Conflict. *Preventing Deadly Conflict: Final Report.* (Washington: 1997) p.12 http://www.ccpdc.org/pubs/rept97/toc.htm

2 Smith, Dan. *Occasional Paper 16: War, Peace and Third World Development.* (Oslo: International Peace Research Institute: 1994) http://www.undp.org/hdro/papers/ocpapers/occ.htm

3 Machel, Graça. "Patterns in Conflict: Civilians are Now the Target," *Impact of Armed Conflict on Children.* http://www.unicef.org/graca/

casualties at the turn of the last century, to 65 percent during World War II to 90 percent in more recent conflicts.[1] In the last decade alone, more than 2 million children have been killed during wars, while more than 4 million have survived physical mutilation, and more than 1 million have been orphaned or separated from their families as a result of war.[2] While there is little data on how many of war's recent casualties have been women, it is known that women and children compose the majority of civilian deaths and the majority of all refugees.

The goal of modern civil wars usually is not so much to eliminate the opponents' military power as it is to destroy their culture and the very fabric of society. New wars seek to obliterate people's way of life: schools are bombed, crops burned, wells poisoned; large numbers of people are displaced, and women become victims of rape and torture, often in front of their children. The use of rape against women and girls is an increasingly common tactic in modern war, demoralizing individuals and destabilizing whole communities. Women and girls in refugee camps are also highly vulnerable to sexual assault and other forms of violence.

Another increasingly common aspect of modern warfare is the deliberate use of food as a weapon.

Children and the Horrors of War

- Approximately 540 million children in the world – one in four – live in dangerous, unstable situations.[1]
- Of the 10 countries with the highest rates of under-five deaths, seven are in the midst of or recovering from armed conflicts: Afghanistan, Angola, Democratic Republic of Congo, Liberia, Mozambique, Sierra Leone and Somalia.[2]
- The genocide in Rwanda left an estimated 65,000 households headed by children – 90 percent of whom were girls.[3]
- In Chechnya, between February and May 1995, children were 40 percent of civilian casualties.[4]
- In parts of eastern Democratic Republic of Congo, it is estimated that 75 percent of children born during the war have died or will die before their second birthday.[5]
- In Sarajevo, in Bosnia and Herzegovina, 55 percent of children had been shot at, 66 percent had been in a situation where they expected to die, and 29 percent felt "unbearable sorrow."[6]
- In one UNICEF survey in Angola, 66 percent of children interviewed had seen people being murdered, and 67 percent had seen people being tortured, beaten or hurt.[7]
- In Rwanda, 56 percent of children surveyed had seen children kill people; nearly 80 percent had lost immediate family members and 16 percent had been forced to hide under dead bodies. More than 60 percent of the children interviewed said they did not care whether they ever grew up.[8]
- It is estimated that there are now 60 to 70 million land mines active in 70 countries around the world, and that 26,000 civilians are injured or killed by land mines every year – about one-third of them are children.[9]

1 UNICEF. *State of the World's Children 2000* (New York: 2000)

2 UNICEF. *The State of the World's Children 2001.* (New York: 2000) p.77

3 Machel, Graça. *The Impact of War on Children* (Palgrave: New York: 2001) p.159

4 Machel, Graça. "Patterns in Conflict: Civilians are Now the Target," *Impact of Armed Conflict on Children.* http://www.unicef.org/graca/

5 Les Roberts et al. *Mortality in Eastern Democratic Republic of Congo (February-April 2001).* (International Rescue Committee: New York: 2001) pp.8-9 http://www.theirc.org/docs/mortality_2001/mortII_report.pdf

6 Machel, Graça. "Healing Minds as Well as Bodies," *Impact of Armed Conflict on Children.* http://www.unicef.org/graca/

7 Ibid.

8 Ibid.

9 US Department of State. *To Walk the Earth in Safety: The United States Commitment to Humanitarian Demining,* 3rd edition. (Washington: November 2001) http://www.state.gov/t/pm/rls/rpt/walkearth/2001

Wartime Violence Against Women and Girls

- At least 20,000 women and girls between the ages of 7 and 65 were raped during the conflict in the former Yugoslavia in 1992 alone.[1] The Bosnian Ministry estimated the total number of women and girls raped during the course of the conflict as 50,000.[2]
- It is estimated that 250,000 women were exposed to sexual violence during the Rwanda genocide.[3]
- In Rwanda, researchers estimate that more than 5,000 women were impregnated through rape. Many are now raising children fathered by men who killed the woman's spouse or family members.[4]
- A 1997 survey of Burundian refugees in Tanzania found that over 25 percent of the women in the established camp of Kanembwa had faced some sort of violence.[5]

1 UN Development Fund for Women. "Violence Against Women Around the World," Fact Sheet. (New York: 1999)

2 UNHCR. *United Nations Inter-agency Global Videoconference – A World Free of Violence Against Women*. www.unifem.undp.org/campaign/violence/unkit/unhcr.htm

3 Women's Commission for Refugee Women and Children. *Rebuilding Rwanda: A Struggle Men Cannot Do Alone.* (New York: 2000) p.11

4 El-Bushra, Judy, and Cécile Mukaruguga. "Women, War and Transition," *Gender and Development*. Vol. 3, No. 3, October 1995

5 Nduna, S., and L. Goodyear. *Pain Too Deep for Tears: Assessing the Prevalence of Sexual Gender Violence among Burundian Refugees in Tanzania.* (May: 1997)

International law has long stipulated that non-combatants have a right to food during wartime; however, as a practical matter it can be exceedingly difficult to ensure that women and children have enough to eat, especially when they must compete with armed men for scarce resources. In Afghanistan, Sudan and Sierra Leone, soldiers have destroyed food supplies and productive capacities in order to starve enemy populations into submission. Armies also steal donated food intended for women, children and the elderly and use it to feed troops or reward supporters. Even when emergency food rations do reach those in need, they are often nutritionally unbalanced and insufficient to meet the requirements of growing children and women of child-bearing age.[3]

In addition, a new scourge has arrived on the scene in recent years that is compounding suffering and threatening social stability in countless war-torn communities. The spread of HIV/AIDS accelerates dramatically during armed conflict, fueled by the chaos and brutality of war. HIV/AIDS reinforces the instability that prolongs conflict – it breaks up families, leaves children orphaned, exacerbates poverty, and kills health workers, teachers and others whose services are desperately needed in times of war.

All these characteristics of modern conflict exact their toll on mothers and children in very personal and immediate ways. Today's wars put a spotlight on the critical role of mothers as the protectors, caregivers, income-earners and educators of the next generation. These traditional "mothers' roles" become all the more important when mothers and children become more imperiled during times of war. Yet at the same time, modern warfare draws in ever greater numbers of women and children as combatants, and the traditional distinctions between men and women, victims and perpetrators, warriors and peacemakers become blurred.

While the nature of warfare has changed dramatically in the past few decades, humanitarian response has not. Much of the world community now recognizes that the tragedies of conflict go well beyond the number of casualties. It is also clear that the care and protection of women and children should be given much higher priority, not only because modern wars

are more likely to victimize these groups, but also because women and children must be key actors in the solutions to problems brought on by conflict.

Governments and international agencies have a mixed record when it comes to prioritizing the needs of women and children during conflict situations. In the past, these donors have tended to focus on the material needs of war-affected populations, and have not tended to disaggregate the particular needs of women and children from the general population. When donors fund shelter, food, sanitation and health care generically, more often than not there is insufficient support for safe places for children, reproductive health care for women, or programs to address the psychological needs of both.

Private groups – also known as non-governmental organizations or NGOs – are generally better prepared to ensure the health and safety of women and children, because they work at the community level where practical protection issues are best addressed. NGOs are often constrained by lack of resources, however, so many opportunities to lessen suffering and sustain communities in recent decades have been lost.

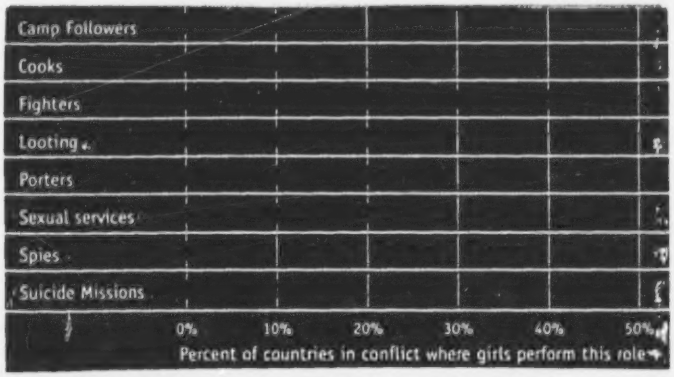
When Children Go To War

One of the greatest atrocities of modern warfare is the exploitation of children by national militias and armed opposition forces. Military servitude, which includes everything from actual combat and scouting missions to sexual and domestic services, is not something children do willingly, or voluntarily. Those who are not actually kidnapped or physically coerced may be pressured psychologically with threats to their own or their families' safety and well-being.

Current estimates place the number of children under 18 who are involved in war activities today at 300,000. The majority of child soldiers are boys, but a growing number of girls are being forced to work as cooks, messengers, spies or "wives" for soldiers (see *chart*). The most vulnerable children are those who live in extreme poverty, who have been displaced from their homes by war, and those who have been orphaned or separated from their families and communities.

The harm to children who participate in armed conflict is severe. In addition to a high risk of injury, permanent disability and death because of their proximity to combat, many children are psychologically and socially scarred for life. Their formative years are spent witnessing or participating in brutal acts of violence – sometimes against members of their own family – and without normal socialization or moral guidance. Reintegration into family and community life is often impossible, and children – especially girls – who have been sexually abused and infected with the HIV virus and other diseases may be cast out and condemned to a life of prostitution at a very early age. On a larger scale, the destruction of children's lives has a devastating impact on the healthy development of families and society, and can take generations to repair.

Roles of Girls in Armed Conflict



From 1990-2000, girls under 18 participated in armed conflicts in at least 39 countries. In 65 percent of these countries, there are documented cases of kidnapping and physical force being used to recruit girls.

Source: McKay, Susan and Dyan Mazurana. "Girls in Militaries, Paramilitaries and Armed Opposition Groups," *War-Affected Children*. http://www.waraffectedchildren.gc.ca/girls-e.asp

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The Mother-Child Connection During Wartime

"I Will Be the First to Go"

After Soviet soldiers killed her husband in Afghanistan in 1979, Raza Gul faced challenges that are common to war widows in developing countries. Not only did she suffer the loss of status and income that often come with widowhood – she did so in a climate of war and instability that made life for her and her children all the more difficult.

Raza's in-laws forced her and her two children to come along with them to a refugee compound in Pakistan. Raza carried stones to help build her in-laws a house, but she and her children were not allowed to sleep inside. She was beaten badly for refusing to marry an in-law. Her son attended school nearby, but Raza's in-laws banned her daughter from going. Instead, Raza secretly gave the girl her son's schoolbooks to read.

Eventually, Raza pulled together enough money to build her own room and began selling handicrafts. Three years ago, she re-joined her own family in another refugee camp where she received training in basic reading, math and life skills in the home of a Save the Children facilitator. A bright student, she soon will begin teaching her own class.

Raza dreams that her grandchildren will attend school and have a better life. "Being a mother is a great thing," Raza, now 48, says. But so is returning to Afghanistan, once there is stability. "I will be the first to go."

Above: Raza Gul and her grandson hold educational materials from a Save the Children class.

Research in previous *State of the World's Mothers* reports has shown that one of the most effective ways to protect the well-being of children is to invest in mothers. This is as true in times of war as it is in times of peace. When mothers are healthy, well-nourished and educated, they are better prepared to navigate the obstacles that conflict throws in their way and to help their children survive and thrive.[4] And when women maintain the ability to earn an income, they greatly increase the likelihood that their children will be educated and receive health care when they need it, even in situations of extreme adversity.

As in previous reports, this year's *Mothers' Index* measures the well-being of women and children and reflects the impact of armed conflict when it affects key development indicators (*see Appendix*). The *Index* does not measure hostilities in terms of soldiers, guns and land mines, but it does suggest the negative impact of war when it undermines women's and children's well-being in areas such as maternal mortality, infant mortality, access to safe water, or percent of births attended by trained personnel. Countries in the midst of conflict, or that have recently endured conflict, dominate the lowest ranks of the *Index*. For example, of the 50 countries with lowest scores on the children's status indicators, 33 have experienced recent conflict or host large refugee populations.

Violent conflicts often occur in poor countries where mothers are already struggling to stay healthy and provide for their children. When war breaks out, men leave home to fight; they may become imprisoned, disabled or killed. As a result, women become heads of households and assume greater responsibilities for the security and well-being of the family, often under extraordinarily difficult circumstances.

Teenage girls also face increased risks and responsibilities during wartime. When mothers are killed, the eldest female child will often become the head of household, taking on responsibility for her younger siblings. Girls and adolescents can be more easily coerced into sexual relations or targeted for rape during wartime. If they become pregnant, they are thrust into motherhood before they are physically and emotionally ready for its challenges. The stigma of an out-of-wedlock birth can haunt a woman her whole life,

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making it more difficult for her to marry, complete her education, earn a living, and provide for her children.

War creates numerous additional risks and burdens for women in the areas of health, nutrition, education and income. But with support, mothers do find ways to protect and provide for their children. In Afghanistan, East Timor, Sudan, the West Bank and Gaza – and in many other conflict-ridden places – women with appropriate resources, training, health care and protection have shown remarkable courage and resilience. Time and time again, we see that mothers who are adequately supported will continue to pass benefits on to their children, doing all they can to increase the likelihood that the next generation will survive, grow up healthy, and be able to contribute to families and communities.

Health Threats to Mothers and Children

Research consistently shows that a healthy, educated mother is the best guarantor of her child's health and survival. Children depend on their mothers for physical and economic protection in wartime, and those who lose their mothers, or whose mothers are unable to care for them due to injury or ill-health, face a much greater risk that they too will be killed or injured. Motherless children may be more likely to be forced into active combat or sexual exploitation.

Separated Children

Nothing is more frightening for children, or more threatening to their safety, than being lost and alone, separated from family and community in the middle of a war zone. Yet every day, hundreds of thousands of children around the world are living this nightmare.

In the 1990s, according to UNICEF, more than 1 million children became separated from their families because of war. Some lost their families while trying to escape attack, or because family members were killed or captured. Other children were abducted or lost their way after being sent to live with relatives in safer locations.

When children become separated from their families, they not only lose their most important source of care and protection, they are at increased risk of exploitation, sexual abuse, coerced military service, sickness and death. Without adult care or proper identification documents, unaccompanied children must fight for their own survival without the benefit of emotional support, health care or education.

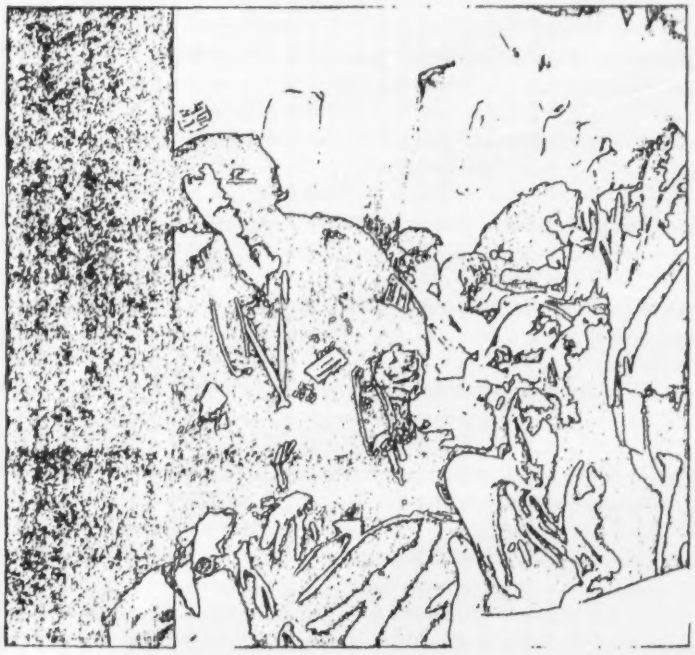
Save the Children has developed a model comprehensive approach to reuniting unaccompanied children with their families. Measures include photo documentation, mass community meetings, poster canvassing, radio, newspaper and television announcements, as well as computer software that allows the exchange of information across several regions almost simultaneously. Following the civil war in 1988 in Mozambique, Save the Children began working with traditional political leaders, healers and local traders, using their long-standing kinship networks to extend the tracing effort into controlled zones and across political boundaries into refugee settlements in neighboring countries. It is clear that children who were reunited with their families recovered more quickly and enjoyed better mental health than those who were hastily settled into orphanages.

Thousands of women and children are killed every year as a direct result of fighting, but many more die from malnutrition and disease when food security and healthy behaviors deteriorate. Wars destroy water and sanitation systems, and make it more difficult to obtain health services. It has been estimated that under conflict conditions, a minimum of half of all deaths among children under 5 are attributable to diarrheal disease, acute respiratory infection, measles and other diseases which could be prevented or treated under better circumstances.[3]

As the primary providers of health care to children and other family members, mothers' knowledge about hygiene, disease prevention and treatment can mean the difference between life and death. One study estimates that improved health care knowledge and practices at the household level, combined with use of outside health services, can reduce children's deaths due to diarrhea, pneumonia, malaria and tetanus by 30-80 percent.[6] An example of this occurred in Afghanistan between 1996 and 2002 when countless children's lives were saved by teaching mothers how to treat common diseases and to recognize when their children's illnesses were serious enough to require medical attention.

Risks in Pregnancy and Childbirth Multiply

Childbirth – already a leading cause of death among women in many poor countries – becomes even more life-threatening in situations of war and displacement. Prenatal and delivery care are often minimal, and emergency care may be hours away. It has been estimated that in one year, maternal mortality in conflicted regions of the Democratic Republic of the Congo grew from 1,837 deaths per 100,000 births – already one of the world's highest rates – to 3,000 deaths per 100,000 births.[7]



Worldwide, the prospects for children who lose their mothers in childbirth are grim. Research suggests that a child whose mother dies giving birth is 3 to 10 times more likely to die before his or her second birthday. These figures are likely to increase dramatically in conflict situations where motherless children are even less likely to receive adequate nutrition, vaccinations or treatment for common illnesses.

It is estimated that women and children account for 80 percent of the world's 35 million[8] refugees and displaced persons. Approximately 25 percent of this population are women of reproductive age and one in five is likely to be pregnant.[9] Some of these women may have been pressured by cultural, political or religious forces into having more children than they would otherwise, to replace lives lost in the conflict.

When the health of a pregnant woman is compromised – as it often is when she is uprooted – so too is the health of her baby. It is difficult to overstate the hardships a pregnant woman faces when she is displaced. She may have to travel a great distance to a refugee camp or center, where conditions may be crowded, chaotic and unsanitary. In addition to being physically and mentally exhausted, she is likely to be anemic and malnourished, so her unborn child suffers too. She is at risk for a difficult delivery – probably far from a hospital.

If she was poorly nourished during pregnancy, the baby is likely to be underweight and malnourished, making it more susceptible to disease. Even simple, preventable and treatable diseases may become deadly in this setting. A mother who is psychologically traumatized and physically exhausted will find it difficult to interact with her child to stimulate its cognitive development. Children's cognitive development can also be stunted by severe malnutrition in crucial early years, setting them up for difficulty in school, if there is a school to attend.

While health care services for mothers and children in refugee camps are sometimes better than those in the conflict-ridden areas back home,[10] serious shortfalls have been documented. A recent study in Pakistan of

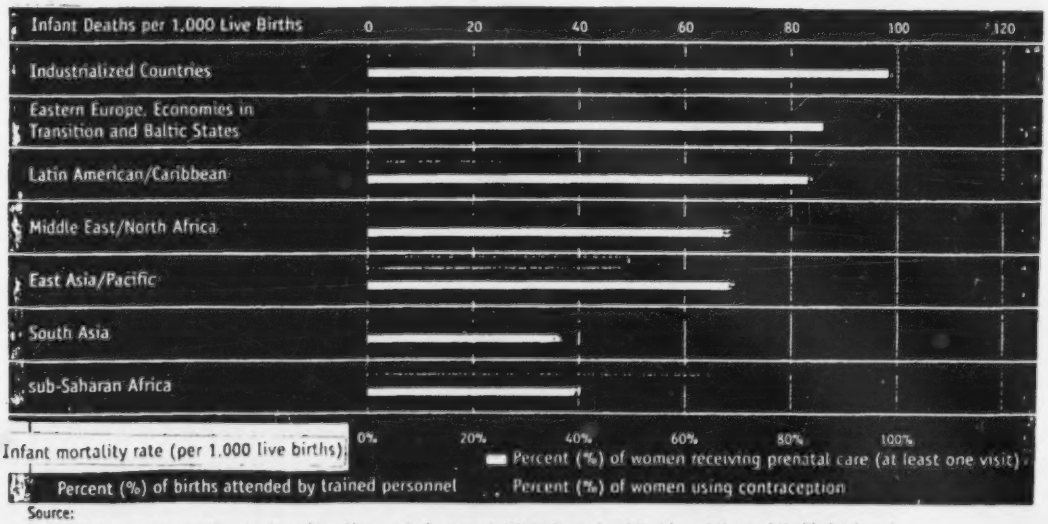
deaths among Afghan refugee women between the ages of 15 and 49 found that 41 percent were due to maternal causes and 60 percent of the infants born to these women were either stillborn or died during or shortly after birth. Compared to women who died of other causes, women who died of maternal causes had a greater number of barriers to health care, and their deaths were more likely to have been preventable.[1]

There is a common misperception that reproductive health services such as prenatal care, trained health personnel at birth, postnatal care and modern contraception are too expensive, and not as important as other types of emergency assistance during the height of conflict and chaos. However, low-cost birthing kits and skilled health personnel can save the lives of countless pregnant women and their newborn children as well as prevent untold suffering. The presence at birth of a trained attendant (such as a physician, nurse, midwife or health care worker trained in midwifery skills) reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care.

Research consistently shows that voluntary family planning is one of the most effective ways to protect the health and well-being of mothers and children. Family planning becomes especially important when conflict has disrupted other health services on which

Three Key Investments for Infant Survival

Data from countries around the world show that as access to modern contraception, birth attendants and prenatal care improves, infant mortality decreases. War and conflict frequently disrupt health services and supplies. They also make it dangerous for women who don't have access to local facilities to travel to a clinic or hospital that provides the services they need. For example, in Rwanda, before the genocide, access to health care was relatively high for sub-Saharan Africa with 80 percent of the population living within three miles of a health facility. However, during the genocide, health care centers were attacked and by one estimate, nearly 50 percent of the country's health personnel were killed or forced to flee.[1]



Source:
UNICEF Statistical Data, on-line database. http://www.unicef.org/statis/(Child Survival and Health, and Maternal Health databases)

1 Byrne, et al. *Gender, Conflict and Development. Volume II: Case Studies: Cambodia; Rwanda; Kosovo; Algeria; Somalia; Guatemala and Eritrea.* (Brighton: Institute of Development: July 1996) pp. 42-44

Perseverance in the Face of Hardship

Rasmeya Jaber lives with her family in a simple house in the occupied area of the West Bank city of Hebron. They would like to move away from the conflicted area, but have no place to go. Because of extremely high unemployment levels, the family lives on what little money they earn from odd jobs, such as cleaning chickpeas for a local nut roaster, plus assistance from charitable agencies.

Rasmeya believes that education is the best way out of poverty, so she and her children participated regularly in Save the Children's early childhood development sessions. The program helped to stimulate her children's enthusiasm for learning and taught Rasmeya ways to encourage their intellectual development at home.

Despite the current dangers, Rasmeya insists on walking her children to and from school whenever the conflict becomes acute. Her eldest child, Saleh, 13, asks often if he can leave school to work to help support the family, but Rasmeya will not hear of it. When Saleh lost enthusiasm for school because angry passersby taunted him, Rasmeya worked with him and his teacher to keep Saleh in school. She says what buoys her spirits is the hope that her perseverance in the face of hardship will mean better futures for her children.

Above: Rasmeya Jaber and her son Mohamed

people depend.[12] Neglecting family planning has a long list of serious consequences: unintended pregnancies, unsafe abortions, pregnancies spaced too close together, dangerous pregnancies in women who are too old or too young, and the transmission of sexually transmitted diseases (STDs), including HIV/AIDS.

Family planning allows women to choose whether, when and how often to have children. Many women, for understandable reasons, do not want to have babies in the middle of a conflict situation. Modern contraceptives, along with accurate information about family planning, give a mother the option to delay her next pregnancy until a safer time when both she and her child will have a better chance to survive and thrive. Mothers who delay their next pregnancy also have more time to protect and care for children they already have, whose needs are likely to be much greater in wartime.

Contraception also plays a critical role in reducing high-risk pregnancies among married and unmarried teens. Worldwide, pregnant teens are twice as likely to die in childbirth due to health complications as are women in their twenties,[13] and conditions in conflict-affected communities make the risks even greater.

Some barrier methods of contraception have the added benefit of preventing the spread of HIV/AIDS and other sexually transmitted diseases to which young people are particularly vulnerable. The risk of contracting STDs, including HIV/AIDS, is especially high during armed conflict. A 1994 study of Rwandan refugees in Tanzanian camps found that 60 percent of the women had a reproductive tract infection. Refugees from the former Yugoslavia who were treated and documented in London showed a 34 percent rate of STDs.[14] STDs can cause physical discomfort, infertility and death. Infection with one STD can increase a person's chances of becoming infected with HIV/AIDS.

Reproductive health services can also provide an important protective function within refugee camps and in war-torn communities. Often, health staff become aware of safety issues and human rights concerns when women who have been sexually abused or otherwise harmed seek medical care. When community health workers are trained to spot these types of problems and to counsel women and children, they can be a critical first line of care and defense. They can also alert local officials or camp attendants so protective measures can be taken.

Psychological Needs Often Go Unmet

War and its many horrors also have a profound effect on mothers' and children's mental health. Abrupt life changes, family separation, worry about loved ones, and loss of community and family support are

emotionally difficult for almost everyone caught up in a conflict. More serious psychological problems arise from torture and sexual abuse. Extreme feelings of fear, grief, guilt and anxiety usually cannot be treated by existing health service providers. The inability of parents, and particularly mothers, to deal with their own stress can impair the ability of their traumatized children to cope with their experiences.

Although much more needs to be done to understand and address the mental health needs of women and children affected by war and conflict, humanitarian agencies have pioneered a number of approaches that are helping children and their families to cope with the upheaval and loss caused by war. In Afghanistan, Kosovo, Liberia, the West Bank and Gaza, these programs are providing healing and hope to large numbers of families.

The consequences of emotional distress can go well beyond mental health. As a result of violence and stress during the siege of Sarajevo, infant mortality increased from 15 deaths per 1,000 live births before the war to 39 deaths per 1,000 live births afterward, and birth defects went from 1 percent to 3 percent.[15] Another study found that women living in areas with high levels of violence were five times more likely than those living in peaceful areas to experience pregnancy complications.[16]

Nutritional Deficits Hurt Health and Livelihoods

Food production and supply are usually disrupted during conflict, and a family's nutritional status can become dependent – even more than it would otherwise be – on the strength and resourcefulness of the mother. In the last decade, political conflict and war have exacerbated hunger in Afghanistan, Angola, Bosnia, Burundi, Colombia, Democratic Republic of Congo, Ethiopia, Eritrea, Iraq, Kosovo, Liberia, Rwanda, Serbia, Sierra Leone, Somalia and the West Bank and Gaza.[17] In each of these conflicts, women have been forced to make difficult choices as they balance competing needs – for example to earn money for food, to find water and firewood, to spend time nurturing and teaching children – and seek the best way to provide for their families.

The Invisible Wounds of War

Children and mothers who live through armed conflict are at risk not only for serious, possibly permanent physical injury, but for deep emotional wounds as well.

Children who witness or experience violence lose their innocence and sense of personal safety, and may develop a mistrust of other people. War disrupts their reassuring routines of family, school and community life. They may suffer the loss of loved ones, the security of their homes, even hope for the future. Although these wounds may not be immediately apparent, they can profoundly damage a child's psychological health.

Some children withdraw and become depressed, while others internalize the anger of warfare and act out their hostilities. Many children lose their ability to concentrate and learn in school or suffer from stress-induced sleeping and eating disorders. Adolescent girls, in particular, may develop feelings of shame and helplessness after experiencing sexual violence and exploitation.

The psychological impact of war on women, in addition to many of these same issues, may include the trauma of sexual abuse, anxiety over lost or kidnapped children as well as loss of social status and financial security if they become widowed.

Experts agree that both short- and long-term psychosocial programs that help to heal these emotional wounds of war must be incorporated into emergency relief efforts and post-war reconstruction. In Kosovo, for example, Save the Children worked with various communities to reunite separated family members during the conflict and organized open-air schools where children could go to read, write, draw, sing and play. This helped break the cycle of violence in their lives and refocused their attention from war and hardship back to the normal routines of childhood.

Save the Children currently works with Palestinian women and children facilitating small business enterprises, engaging youth in community programs that provide safe and constructive ways to channel their energies, and helping parents to identify and address signs of traumatic stress among their children.

Access to food is a problem for mothers and children in urban as well as rural areas during wartime. It affects those who are forced to flee their homes, and those who stay behind. In urban areas, families' access to food can be threatened by a decline in household assets, destruction of infrastructure such as roads and markets, and unsafe environments that impede mobility.

In rural areas, where many mothers are involved in raising crops and animals to help feed their families, these activities become more difficult. Lack of agricultural inputs and fear of land mines can prevent sufficient land from being cultivated and harvested. Often there are fewer family members to help, and working animals are sold for income. A downward spiral sets in when family members do not consume enough food to provide adequate energy for work. In extreme situations – such as we have seen recently in Afghanistan, Ethiopia and Sudan – families have been forced to eat the seeds they need for the next season's planting, and even sell their children to urban businesses to reduce consumers in the house.

When food is in short supply, mothers will often sacrifice their own welfare for that of other family members. Studies have shown that women's intake of nutrients declines more than men's during and after conflict.[19] While it is widely recognized that protecting the nutritional status of mothers is essential for protecting the nutritional status of infants and children, humanitarian food aid programs in Somalia, Angola and Sudan have not adequately addressed the dietary needs of adult women and adolescents.[19] Poor nutrition during these critical life stages has longer term effects on the reproductive health of women and their later childbearing.

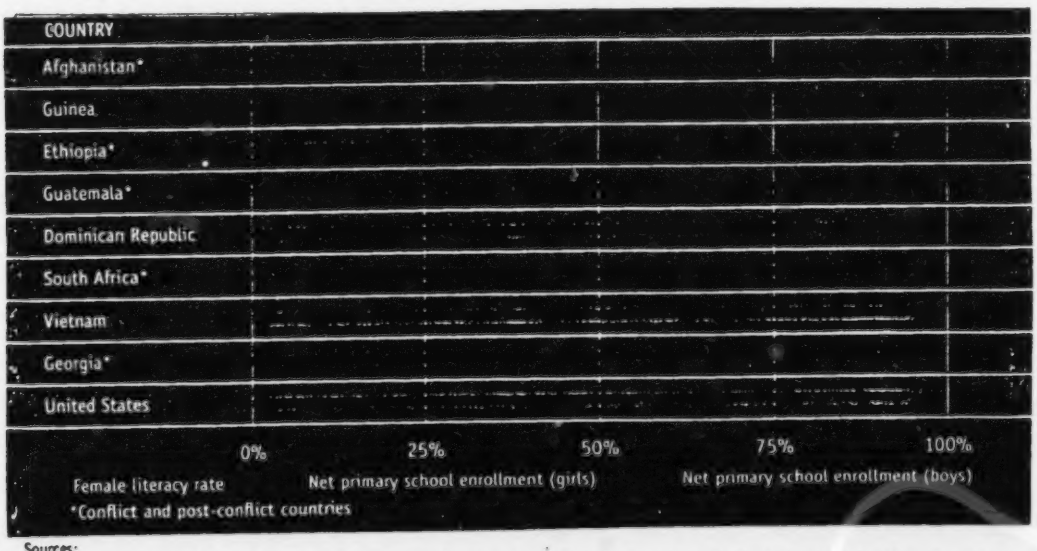
Women who are malnourished during pregnancy endanger their own health and increase the likelihood that their babies will be born underweight. Low birth weight has many consequences for the newborn, including a greater likelihood of death in infancy or childhood, stunting, mental retardation and chronic health problems.[20]

Education Promotes Protection and Stability

During the chaos of conflict, education programs for women and children provide security and a sense of normalcy in addition to preparation for a better future.

Literacy and Education: The Mother-Child Connection

Educated women are more likely to ensure that their children – sons and daughters alike – receive an education. Data from a range of conflict and non-conflict countries show that where women are literate, children tend to have higher rates of school enrollment.



Sources:
Data for female literacy in the United States are from the 2001 UNDP *Human Development Report*. Data for female literacy and girls' enrollment in Afghanistan are from a 1997 UNICEF MICS Survey. All other data are from UNICEF's *State of the World's Children 2002* (Summary) Table 4.

UNDP *Human Development Report 2001*. http://www.undp.org/hdr2001/

UNICEF *State of the World's Children 2002* (Summary) Table 4. http://www.unicef.org/pubsgen/sowc02summary/index.html

However, schools and teachers are frequent targets of the military, and during wartime governments are less likely to provide funding for education, so mothers will often organize themselves – with the help of humanitarian organizations – to meet vital community needs though education.

Initially, the goal of education in a war-torn community is not so much to follow a prescribed program of learning as it is to give children a safe environment, with organized play to help them cope with trauma and benefit from social interaction with others. Recreational activities such as sports, drama, music and art help children express their feelings and channel their energy constructively. The re-establishment of daily routines is reassuring to children, and overburdened mothers benefit when they can depend on certain hours when their children will be safe and supervised.

In addition to keeping them in a classroom where they are less likely to be harmed, education also protects children in other ways. Well-designed programs introduce new survival skills. For example, children may be taught how to avoid land mines, protect themselves against sexual abuse, deal with anger, or resolve interpersonal conflicts. In addition, teachers may be among the first to notice when children are missing, or when they begin to show signs of severe emotional distress. When dangerous trends in a community are spotted early, more can be done keep children healthy and to prevent them from becoming involved in violence, prostitution or slavery.

In wartime as in peacetime, there is a dramatic correlation between a mother's education level and her ability to ensure the health and well-being of her children. Unfortunately, many countries in conflict were underdeveloped to begin with and have high rates of adult female illiteracy. These countries, and many others, face the dire prospect that the cycle of illiteracy and poverty will be perpetuated in future generations.

Lack of access to education is a problem for all children during wartime, but girls face especially difficult challenges. School attendance for girls is often discouraged when workloads at home increase, or when it becomes too dangerous for girls to travel to classes. In some cultures, there is a belief that girls should not be educated. The decision by the Taliban in Afghanistan to curtail girls' access to education was widely reported, but discrimination against girls' education is also common in East Timor, the Democratic Republic of Congo, and other war-torn societies. Yet during conflict, investment in education for girls is more critical than ever. Since many girls will find themselves heading households at an earlier age, it is all the more essential that they have a foundation in reading, math and life skills that will enable them to contribute more effectively to family and community life.

Mothers' Livelihoods Often Key to Survival

Every conflict in recent history has brought with it a marked increase in poverty, and the consequences of poverty are usually worse for women than for men. Poor women who depended on food subsidies and social services (particularly health and education) before a conflict, often suffer when the government reallocates resources towards the military.

When a mother becomes the principal breadwinner for the family, children's ability to survive and thrive becomes increasingly linked to their mothers' earning capacity. During times of conflict, mothers who

War's Effect on Children's Survival

- Of the 50 countries with the highest child mortality rates, 41 are experiencing conflict or host large refugee populations.[1]
- Infant mortality rates for sub-Saharan countries in conflict are 50 percent higher than the average for sub-Saharan African countries not in conflict.[2]
- Wars are particularly devastating to children already suffering from malnutrition, disease and poverty. The increased deprivation caused by armed conflict can raise death rates by up to 24 times in poor countries, and the youngest children (those under five) are at particular risk.[3]

1 UNICEF, *State of The World's Children 2001* and Save the Children analysis

2 Garcia, Marito. *Early Childhood Development: Increasing World Bank Investments in Africa.* http://www.worldbank.org/children/africa/projects/Conflict.pdf

3 Machel, Graça. "Wars Against Children," *Impact of Armed Conflict on Children.* http://www.unicef.org/graca/

maintain their ability to earn a living are better able to keep families together, to provide their children with adequate nutrition, and to obtain needed health care.

Many mothers and fathers lose their livelihoods during periods of instability. Those who earn income through small business or farming activities are often forced to sell their productive assets (for example, their looms or livestock) to buy food or fuel for their families. When a woman has no other means to support herself and her children, she may be forced to turn to prostitution, which increases her risk of contracting a sexually transmitted disease or becoming a victim of violence, and brings the shame that typically accompanies this choice.

When conflict begins to eat away at a family's resources, it is critical to intervene *before* the last productive assets are sold off. Once a mother's means of earning income have been lost, it is very difficult for the family to get back on its feet. The regional and national consequences when this happens on a broad scale are devastating. In countries such as Ethiopia and Afghanistan, where productive assets were depleted in large numbers of households, it can take a generation or more for communities to recover.

Families have benefited during recent conflicts from flexible livelihood arrangements that give mothers and sibling-headed households help in earning an income. For example, community members may pool agricultural labor or child-care responsibilities. While it is difficult to begin new micro-loan programs during times of conflict, humanitarian organizations have had some success in adapting their approaches in order to keep lending programs going that started before the conflict began.

In refugee camps, women with entrepreneurial talents usually will not wait more than a few weeks after their arrival to resume buying and selling goods. All too often, however, their efforts are undermined by local officials seeking to prevent them from trading in markets outside the camps. Advocacy and reform in this area, though difficult, could enable small businesswomen to do more to support themselves and their children in refugee situations.

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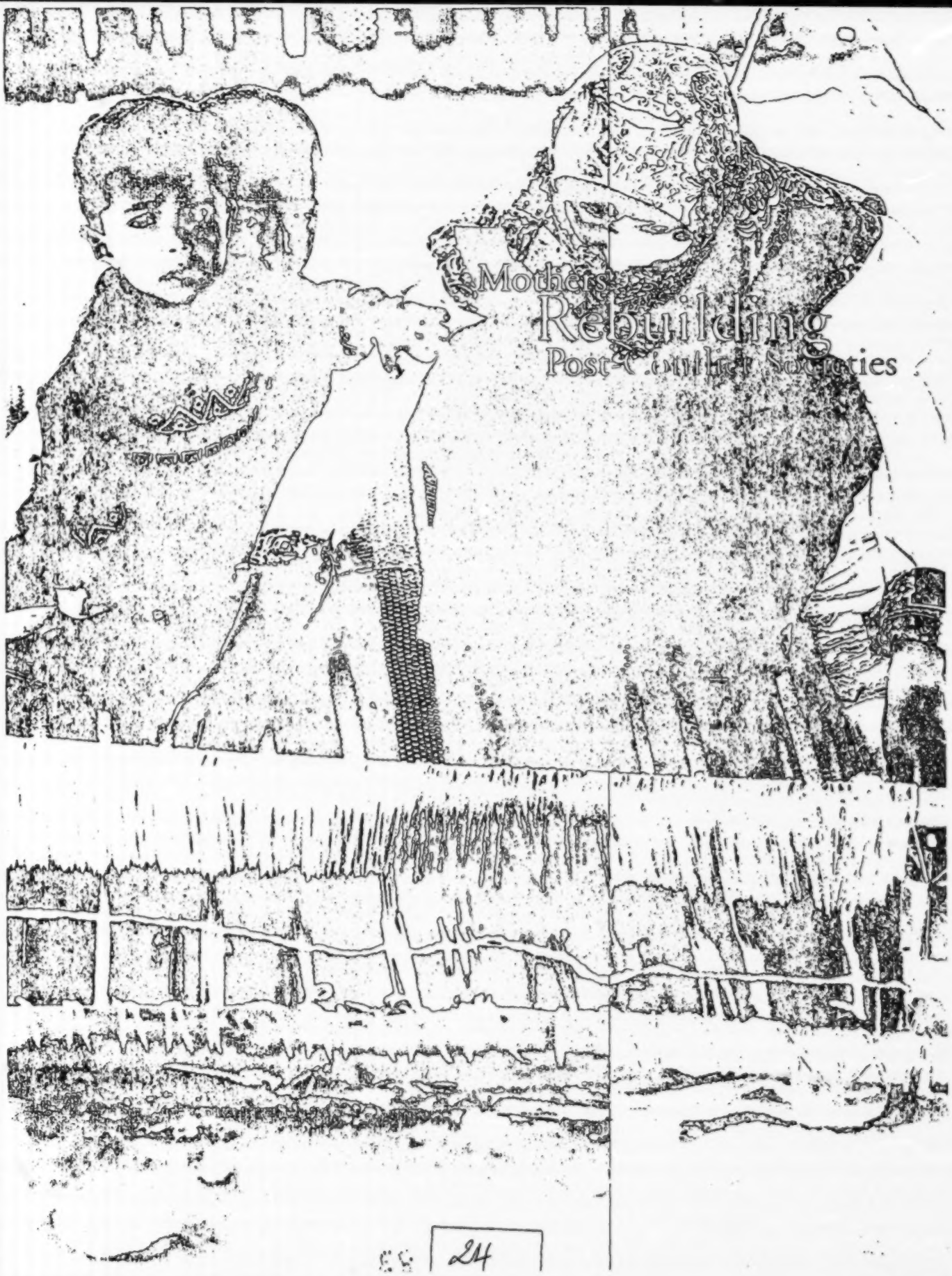

Mothers
Rebuilding
Post-Conflict Societies

Mothers as Peacemakers

Women who have taken on expanded responsibilities during wartime, who have held their families and communities together, and who have developed keen insights into the root causes of violence, step forward in many post-conflict societies to play important roles in ending violence, seeking justice and enhancing the well-being of children.

Their roles as mothers, survivors and caregivers give them moral credibility and make them powerful voices for moderation. Women also bring force to peace efforts by virtue of their numbers – it is estimated that 70 percent of the surviving population of Rwanda is female,[31] and at the conclusion of the conflict in Cambodia, 60 to 65 percent of the population were women above the age of 18.[32]

A number of successful women's initiatives for peace have used the universal symbol of motherhood to evoke both the power to forgive and the power to protect.

Since 1989, the Committee of Soldiers' Mothers in Russia has been boldly demanding their sons' rights amidst cruel conditions in the Russian military. They were also effective in keeping pressure on the Russian government and military to end the first war in Chechnya. As founder Ida Kuklina said, "Every one of those generals had a mother."[33]

Mothers' groups have also made their mark in Argentina, where they protested the "disappearances" of their children at the hands of the military regime, and in China, where the Tiananmen Mothers are seeking justice on behalf of the victims of the crackdown.

In Bosnia, after the brutal July 1995 massacre of 8,000 Muslim men and boys by Serb forces in Srebrenica, women came together to commemorate their lost loved ones. They would not call themselves widows – instead they identified themselves as "mothers of" this or that son. A US government official who met with the women about six months after the massacre tells how one-by-one they shared with her their painful stories, how they cried and cried. Then the group's leader, a woman named Fatima, embraced the idea of a joint commemoration with Serb women in Banjaluka who were also missing sons, husbands, brothers and fathers. "We're all mothers," Fatima said.

It is not uncommon for women's peace initiatives to be consciously cross-cultural, linking women on both sides of a military divide. Jerusalem Link, a federation of Palestinian and Israeli women's groups, took the initiative to draft a platform that served as a blueprint for negotiations over the final status of Jerusalem during the Oslo process.[34] Similarly, the Sudanese Women's Peace Initiative brought together 10 Sudanese women bridging ethnic, cultural and political differences to work out a declaration calling for peace, human rights, women's empowerment and development.[35]

Women from India and Pakistan have organized huge rallies under the umbrella of the Pakistan-India People's Forum to affirm their shared histories, forge networks and act together on specific initiatives. In 1995, Indian and Pakistani women joined forces on behalf of fishermen and their children who were imprisoned on both sides because they had strayed across maritime boundaries. As a result, the adversarial governments released the prisoners and their boats.[36]

Graça Machel, the UN-appointed independent expert on how armed conflict affects children, devoted an entire chapter of her 2001 report to the importance of women's participation in peace processes. "The principles of gender equality and inclusion are fundamental building blocks for democracy and peace-building," writes Machel in *The Impact of War on Children.* "Giving citizens a stake in the political system and a say over the decisions that affect their lives is the essence of a human rights approach. Women bring to the peace table their practical understanding of the issues confronting them and their communities. But even more so, women's participation in peace processes enhances their legitimacy and sustainability."

In 2000, the United Nations Security Council officially recognized this concept, declaring that peace is linked inextricably to equality between men and women.[27] World leaders went on to call for women's full participation in peace processes, and for full recognition of the impact of armed conflict on women.

The wide range of issues covered in peace negotiations can include: power-sharing agreements; economic reconstruction; demobilization and reintegration of soldiers; human rights legislation; access to land, education and health; the status of displaced people; and the re-establishment of civilian institutions. These are all issues that affect women and children and to which women bring particular points of view. They require women's full participation if they are to be translated successfully from words on paper into real change that benefits children and families at the community level.

Women's groups have made valuable contributions to peace processes in many countries in recent years. They have demanded services and policies that enhance the quality of life for children and families, and they have opposed expenditures they view as wasteful or motivated by corruption.

Recently, 50 delegates to the Afghan Women's Summit – representing a wide range of ethnic backgrounds and all sectors of society – put forward an ambitious agenda for their nation's future. Their long list of recommendations for reconstruction emphasizes the need to rebuild the educational system, re-establish essential health and medical services, guarantee human rights, and assist in the repatriation of millions of Afghan refugees. The document also includes demands to eliminate child labor, remove land mines, and protect women and girls from gender-based violence and abuse.

The Liberian Women's Initiative successfully advocated for a new unit for women and children in the Ministry of Planning and convinced the Ministry of Education to start a mass literacy drive aimed at women and girls.[28] In Guatemala, women negotiated clauses into their peace agreement that guarantee equal access to land, credit, health care, education and training.[29] And in Cambodia, women participated in the drafting of the new constitution which guaranteed them the right to vote, participate in politics and choose their professions.[30]

Yet despite all these instances where women have played a positive role in peacemaking, they are still often relegated to the sidelines of official negotiations.

Bosnian women were not invited to participate in the Dayton talks which ended the war in Bosnia, even though during the conflict 40 women's associations had remained organized and active across ethnic lines.[31] In Sierra Leone, five-and-a-half years of civil war were marked by particularly vicious attacks against women and young girls, yet the 1996 peace accord overlooked the rights and interests of women.[32] In Tajikistan, there is only one woman in the 26-person National Reconciliation Commission, although the war has left some 25,000 widows to support families and rebuild communities on their own. And at the first Arusha peace talks on Burundi, only two of the 126 delegates were women.[33]

The world community has come a long way in recent years to recognize the importance of gender balance in peace processes. If this progress continues, and more comprehensive peace agreements are reached, many more parents throughout the world may one day be raising children in safe communities.

Mothers in Reconstruction

Rebuilding Her Life and Helping Her Community

Maria Zacarias paints her life as "a story of many sorrows and many joys." Her father disappeared when she was 12 during the peak of Guatemala's internal conflict in the mid-1970s. After that, she and her siblings slept in trees because they feared they would be taken from their home in the middle of the night.

She married at 16 and started a family after the worst of the fighting had subsided. Now 38, Maria is rebuilding her life and helping subsidize her husband's income as a sandal maker. Five years ago, Maria taught herself to sew the traditional women's blouses worn in Xatinap I, the rural community where she lives. But because she never had enough money to buy extra fabric and thread, Maria could only make a few blouses at a time.

Through Save the Children's micro-finance program, Maria secured a small loan to purchase materials in bulk to make enough blouses to sell in the larger local market. With this increased income Maria purchased several pigs, which she is raising to eventually sell. Maria is now president of a micro-finance program in her town, where her leadership has led the 16-woman group to repay its loans in full and on time, allowing them to qualify for a second round of larger loans.

Above: Maria Zacarias on her way to the market.

Communities emerging from years of conflict, violence and destruction face the daunting task of transforming institutions, structures and relationships. If peace is to last, they must move quickly from destruction and despair to order and hope. The critical role mothers play in rebuilding shattered lives and communities after conflict has ended is only now beginning to be appreciated. The evidence points to a compelling conclusion – investing in mothers is one of the most effective ways to help post-conflict societies achieve reconciliation, development and a better future for their children.

The range of challenges a mother faces after war has ended can appear overwhelming. She may find herself starting over, her home, livestock and crops gone, with less support than she had been accustomed to from family members and the community in general. Health services, educational infrastructure and food supplies typically take years to rebuild, so she must find alternative ways to meet the basic needs of her children. And in addition to her own children, there may be others who need her care and support – for example, orphaned relatives, the elderly and the disabled.

If a mother is lucky, her husband and sons will return from fighting and help to rebuild the family's life and livelihood. She will likely face new challenges, however, stemming from men's own physical and emotional traumas. Husbands may feel threatened by the erosion of their traditional roles as breadwinners and protectors, which puts women and children at greater risk for domestic violence.[34] Sons, who may have been fighting since they were as young as eight or nine years old, will have missed out on childhood, and have a very difficult time reintegrating into ordinary life. They sometimes will be violent towards their mother and siblings. Daughters who have been separated from the family may also experience difficulties upon return, particularly if they have become pregnant, caught a sexually transmitted disease, or experienced violence. Like sons, they may have difficulty re-adjusting to traditional roles and expectations.

Mothers who are widowed may face an especially difficult set of challenges. In many countries – Afghanistan, Sudan and Rwanda, for example – their rights to the family land or house can be blocked if they have no male intermediary to act for them. Poverty often forces widows to withdraw their children from school and to send them to work in high-risk undertakings. Without proper education and health care, these children risk growing up deprived and alienated from the recovering mainstream society.[35]

With all these burdens on their shoulders, it may seem like a great leap to assert that mothers are key to rebuilding post-conflict societies, yet time and time again they do play critical, often defining roles in the transition from war to peaceful development.[36] Because of their roles as caregivers, income-earners and educators, mothers are uniquely positioned to begin reweaving the torn social fabric in ways that will have the greatest benefits for children.

Mothers in Guatemala and Georgia have turned small loans into viable micro-enterprises that are often the sole source of income for their families, enabling them to provide nutritious food and desperately needed health care to their children. Mothers in Liberia, Uganda and Bosnia have helped rebuild education systems. Mothers in Rwanda have opened their homes to orphaned and abandoned children, giving them renewed hope for the future. And mothers who took on expanded responsibilities during conflicts in Eritrea and El Salvador have been able to build upon their political skills to enhance not only the well-being of their own children, but also of whole communities.

Strong, resourceful women in post-conflict societies often make enormous strides forward with little support from outsiders, but they cannot do it all. Research shows that a few critical – and relatively inexpensive – investments in the livelihoods, food security, health and education of mothers will go a long way, and have the potential to multiply the benefits to children and to society as a whole.

Land Mines: The Invisible Enemy

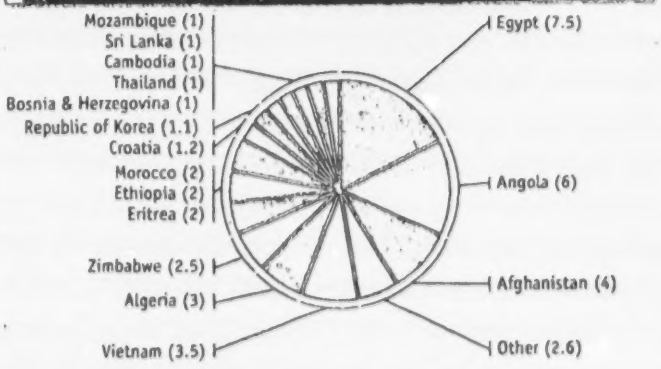
Long after peace returns to war-torn countries, the horrible legacy of armed conflict endures in ways that seldom grab news headlines. Researchers now estimate that 60 to 70 million land mines remain in 70 countries around the world *(see chart)*, and that 26,000 civilians are injured or killed by land mines every year. About one-third of them are children, involved in everyday activities such as playing and fetching water.

The impact of land mine explosions goes beyond the tragic loss of life, creating life-long physical disabilities, psychological trauma, social stigmatization and financial hardship. Land mines are also a serious impediment to a nation's post-war reconstruction, as they endanger the lives of returning refugees and prevent the resumption of agriculture and the rebuilding of infrastructure.

Nevertheless, the danger from land mines will remain for some time, as it is both extremely dangerous and expensive to get rid of them. Removing a single land mine, for example, can cost up to $1,000 – more than 100 times the cost of manufacturing one.

In Afghanistan's capital, Kabul, Save the Children has been teaching children since 1995 through non-formal instruction, including games and participatory activities, how to recognize potentially dangerous objects and to understand the consequences of stepping on, touching, or playing with them. In Costa Rica, Guatemala, Namibia and Rwanda, workers hope to declare their lands "mine safe" within two years, as a result of de-mining and mine safety programs underway now.

NUMBER OF LAND MINES IN SEVERELY AFFECTED COUNTRIES
(millions of mines, estimate)



International support is needed to promote land mine awareness, assist victims and support land mine clearance projects in countries where millions of land mines threaten civilian populations.

Source:
To Walk the Earth in Safety: The United States Commitment to Humanitarian Demining, 3rd Edition, (US Department of State: November 2001) http://www.state.gov/t/pm/rls/rpt/walkearth/2001/

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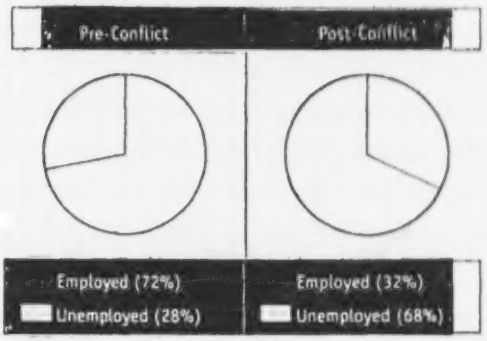
When Women Mean Business

Post-Conflict Employment for Georgian Women



The economic impact of war on a society often lingers long after fighting has ceased, and can be seen at both national and local levels. By 1993, after two years of armed ethnic conflict in Georgia following the collapse of the Soviet Union, over 400,000 people had been driven from their homes, more than half of them women.[1] As they began to rebuild their lives, many of these women found it difficult, if not impossible, to secure a well-paying job. Five years later, 68 percent were still unemployed,[2] and unable to properly provide for their children.

In 1997, however, thousands of Georgian women found a way to help themselves out of their economic dilemma. The country's first micro-finance institution, Constanta, was founded by Save the Children to create a system of providing credit to women entrepreneurs who lacked the formal collateral required by governments and lending institutions.

By forming groups and guaranteeing each other's loans, the women became eligible to borrow small amounts of money ($65 on average), usually all that was needed for things like purchasing raw materials and improving tools or equipment. Typical businesses included trading, food preparation, traditional handicrafts and garment making. As their businesses expanded and debts were repaid on time, the women were able to gradually increase the size of their loans — and their profits. Constanta now reaches 13,000 poor women entrepreneurs.

A recent survey of Constanta clients found that the income from these micro-enterprises was most often used to pay for children's education, to purchase medicine and household goods, and to reinvest in business. Similarly successful group guaranteed savings and loan programs have been established in 19 other countries including those of the former Soviet Union, in the Middle East, Asia, Africa and northern Afghanistan.

1 Buck, Thomas, et al "Aftermath: Effects of Conflict on Internally Displaced Women in Georgia." (USAID Case Study: 2000), http://www.genderreach.com/updates/1101conference.htm

2 Zurikashvuili, reported in Buck

Rebuilding Livelihoods

Most women in post-conflict societies do not need to learn new skills in order to make a living, but they do need help to fully utilize their skills so they can do more for their families. African women traditionally are the farmers in their communities. These skills are vitally important to the renewal of food supplies and economic security, but it is difficult for women to resume farming activities if they have no seeds, tools or livestock, if their land has become overgrown and there is no one to help with heavy labor, or if their land is full of mines. Women in parts of Afghanistan are expert weavers, but if they have sold their looms and cannot get wool, it will be hard for them to return to carpet-making activities. And many women in Georgia and the Balkans have professional or technical skills, but shattered economies make it difficult for them to find jobs that match their capabilities.

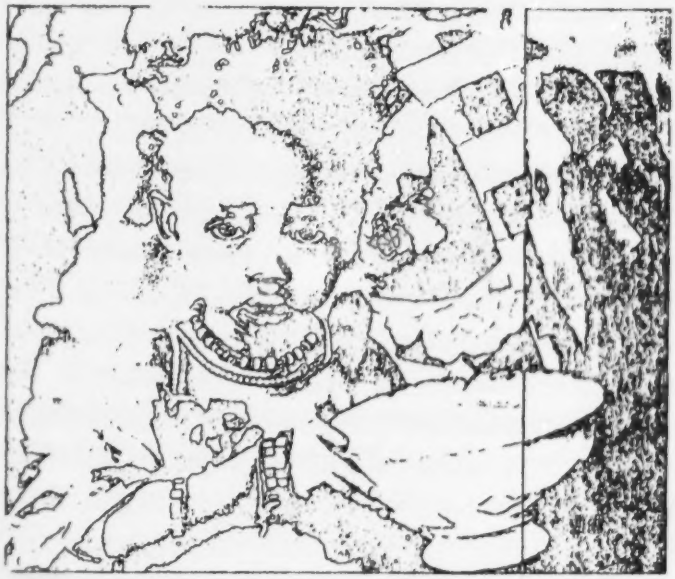
Small loan programs for women during this critical period have been successful in helping families and communities to get back on their feet in Bosnia, Georgia, Guatemala, Mozambique and other countries. Typically, groups of women join together and agree to guarantee each other's loans. Each woman will receive a small loan, usually $30 to $250, to maintain or expand existing income-generating activity. The repayment period can be three to six months, during which time the women in the group benefit from each other's personal support and advice. When all members of the group successfully complete a loan cycle, they become eligible for another, larger loan. Repayment rates are usually excellent – in excess of 98 percent.

The benefits of this type of micro-enterprise program are not just material, and they often extend well beyond the individual women and families that participate. By bringing small groups together in productive enterprises, these projects help rebuild lost trust, confidence and sense of community. Some women's enterprises expand to the point that they hire additional workers, providing jobs for others. And in some countries – Rwanda, for example – women's credit programs are a vehicle for developing networks among different communities and social groups, with the long-term goal of promoting national reconciliation.[3]

Promoting Health

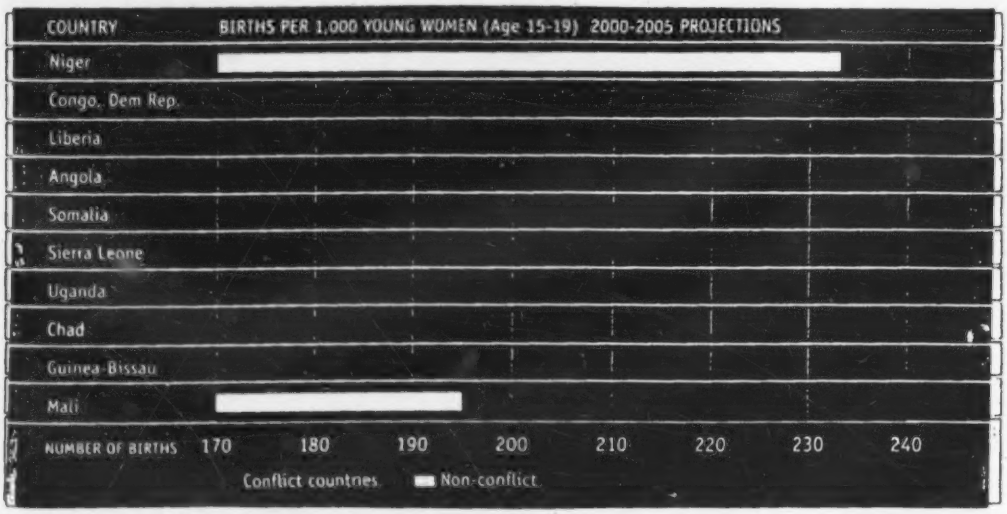
After the fighting has stopped, many of the health problems that were exacerbated during conflict will remain. HIV and AIDS have probably spread unchecked and diseases like tuberculosis and polio that were under control before the conflict began may have re-emerged with a vengeance. Safe water and nutritious food may still be hard to come by. And the risk of death in childbirth will likely also be higher than it was prior to the conflict. All these conditions will continue to threaten the lives of mothers and children. Yet dramatic health improvements are possible when women have access to "safe motherhood" services and education about easily preventable or treatable diseases.

In post-conflict countries, thousands of maternal deaths and hundreds of thousands of infant deaths each year could be prevented if women had access to prenatal health care, proper treatment for complica-



Adolescent Fertility Rates are High in War-torn Countries

Eight of the 10 countries with the highest adolescent fertility rates (according to UN estimates through 2005) are conflict or post-conflict countries. The number of births per 1,000 young women age 15 to 19 in these 10 countries ranges from 195 (Mali) to a high of 233 (Niger). In contrast, the average for all developing countries is 80. Industrialized countries (including those with economies in transition in the former Soviet Union and Eastern Europe) have an average projected adolescent fertility rate of 21 births per 1,000 young women. It is noteworthy that the United States' rate is far above this average at 49.



Source:
UNSD. *The World's Women 2000: Trends and Statistics*
Table 2.8 - Indicators on households and childbearing. http://www.un.org/Depts/unsd/ww2000/table2b.ht

[30]

tions in pregnancy and childbirth, and voluntary contraception. In addition, countless newborn deaths could be prevented by vaccinating women against neonatal tetanus – a highly preventable illness virtually unknown in the developed world.

None of these investments is costly. Prenatal health care, instruction on planning for a safe delivery, two doses of tetanus toxoid, and information on how to care for a newborn child – including the value of exclusive breastfeeding – can be provided to a pregnant woman in a typical post-conflict country for about $3.[30] Voluntary family planning services – which give couples the ability to space their pregnancies at healthy intervals – cost $1-2 per person per year on average.[31]

Post-conflict countries tend to have very high rates of adolescent fertility. For example, in Liberia and Somalia, approximately one out of every five young women aged 15-19 has given birth. Children born to teenagers are more likely to enter the world with low birth weight, to get inadequate health care throughout their childhood, to drop out of school and to remain in poverty the rest of their lives. Therefore, it is especially important that health and education programs target teens to prevent young motherhood.

Afghanistan: Slowly Stepping towards Recovery

After many months of strife and 23 years of civil war, Afghanistan faces the daunting task of rebuilding families and communities. None of the children growing up today in Afghanistan has ever known peace, and most live in desperate poverty. Three continuous years of drought in the northwest provinces have led to extreme hunger and mass migration of families in search of food and new livelihoods. Disease and lack of proper medicines have raised child mortality rates to emergency levels. Much of the infrastructure of the country has been devastated, and access to education and health care for women and children remains extremely limited.

Over the years, Save the Children has continued many of its life-saving programs for Afghan children and families in spite of extraordinary challenges posed by a combination of physical hardship and an unstable political environment. With a long history of extensive experience in the region, as well as dedicated Afghan staff and partners, Save the Children provides both emergency relief and long-term development programs.

During the past months of turmoil and harsh winter, Save the Children helped avert disaster for thousands of Afghan children by delivering critically needed food, health care and other assistance. Over the coming months, Save the Children will continue to focus its resources on emergency needs, and work to promote the country's recovery through programs in literacy, nutrition, maternal and child health, and micro-credit for women. Save the Children is also assisting with school construction and rehabilitation, water supply and psychological healing.

Healing Emotional Wounds

War can leave deep emotional scars on women, men and children. Without help, their psychological troubles may build and lead to continued pain and suffering. Female victims of violence may be impatient or abusive towards their children. Men who are traumatized may become violent, apathetic or turn to alcohol and drug abuse. Children may sink into depression, withdraw from others, miss out on education, and risk growing up to perpetuate cycles of poverty and violence.

Psychosocial programs have helped adults and children in Bosnia, Rwanda, Mozambique and other post-conflict countries to cope with their traumas and return to normal family and everyday life. These programs usually do not seek to reopen and examine old wounds; instead, they enhance the natural resiliency of children and the strength of community by drawing upon traditional healing rituals and spiritual cleansing practices.

Making Up for Lost Education

Many children, especially girls, in post-conflict countries have missed years of schooling and need to catch up. Critical "windows" in the natural learning progression will likely have passed – for example, the years when children should have learned certain basic reading or math skills – and children will need every possible stimulus to help them make up for lost time. Schools must be as responsive as possible to children's deficits in learning, and mothers can help enormously, especially if they are educated, to reinforce their children's intellectual development at home.

Unfortunately, high rates of adult female illiteracy are common in post-conflict countries. In Guatemala, 39 percent of women are illiterate. In Ethiopia, the figure

is 67 percent. And in Afghanistan, it is 94 percent. High levels of female illiteracy such as these have a profound impact, not just on children's ability to learn, but also on the overall health and well-being of the family. Adult literacy programs for mothers in these countries are helping to reverse these trends.

Women's literacy programs have been found to be especially effective when they are combined with instruction in other useful skills. For example, in communities where disease and malnutrition are common, classes on how to treat diarrheal disease and create communal infrastructure for water and sanitation will be especially relevant to mothers. Microfinance loan groups will also often include a literacy training component among their activities.

Specially tailored education programs are also effective for teenage mothers and orphaned adolescents who have become heads of their households. With their additional responsibilities, these young people often find it very difficult to attend classes, yet it is precisely because of these responsibilities that education is so important. If a teenager has missed many years of school, she may be at the same level as the six- or seven-year-olds in her community, but she would probably be embarrassed to attend classes with others who are so much younger. Child-care services and special accelerated curricula can help encourage these young mothers to continue their education.

Female-Headed Households in Post-Conflict Countries

In both developed and developing countries, the number of female-headed households is increasing. Female-headed households are more likely to be impoverished not only because there are fewer adults to support the family, but also because women worldwide earn less than men and tend to fill lower-paying jobs.[1] In Rwanda, already one of the poorest countries in the world, poverty has increased since the 1994 genocide, from 40 percent in 1985 and 53 percent in 1993, to 70 percent in 1997. Female- or child-headed households are most likely to be among the poor.[2] In post-conflict situations, women may face the added challenge of supporting orphaned nieces, nephews or other extended family members. Women are placed at a disadvantage in finding a job, as men returning from war flood the labor market.[3] If they are widowed, women may struggle to gain access to farmland, or the right to live in their own home. For example, in Rwanda, women do not customarily inherit land and many widows must rely on the goodwill of their husband's family to retain a plot of land to support their family.[4] Even in countries where women do have legal rights, they may not be able to exercise them if a land title was not listed in their name, or if their husband's status is uncertain.

Afghanistan	Nearly 10 percent of the women are war widows
Bosnia	Women head 16 to 20 percent of households
Cambodia	Women head 29 percent of households in Phnom Penh
Georgia	Women are the main source of income in 72 percent of families that were displaced by conflict within the country
Guatemala	Over 3 percent of the women are war widows
Rwanda	Women head 34 percent of households, up from 25 percent before the genocide

Sources: USAID case studies, available on-line at http://www.genderreach.com/updates/1101conference.htm

Afghanistan and Guatemala estimates based on population data from the *CIA World Factbook 2001* (www.cia.gov) and http://www.youthnoise.com/site/CDA/CDA_Page/0,1004,326,00.html

1 UN System in Rwanda/Basic Country Data on Rwanda. http://www.un.rw/UNRWA/country.shtml

2 Ibid.

3 Walsh, Martha. *Aftermath: The Impact of Conflict on Women in Bosnia and Herzegovina* (USAID case study)

4 Newbury, Catharine and Hannah Baldwin. *Aftermath: Women in Postgenocide Rwanda* (USAID case study)

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Preventing Future Conflicts

"If we are to reach real peace in this world, and if we are to carry on a real war against war, we shall have to begin with children."

Mahatma Ghandi

History has shown that once groups of people get caught up in war and violence, the cycle is exceedingly difficult to break. Revenge and retribution feed upon each other. Hatred gets passed down from one generation to the next.

Children who have been exposed to the atrocities of war, who have seen loved ones killed or perhaps participated in violence themselves, can be drawn easily into the vicious cycle. Hatred and destruction eat away at the thoughts, hopes and dreams of young people. Despair can lead to a deterioration of moral and ethical reasoning, and there is a tendency for youth in post-conflict countries to move towards groups with extreme ideological views.

Humanitarian assistance, development programs and infrastructure rebuilding projects do a lot to lessen suffering and provide a foundation for peace, but they cannot change people's hearts and minds. Hearts and minds are changed when people become involved with others in ways that reinvigorate their dreams for the future.

Mothers – because of their roles as children's primary caregivers – have a unique capacity to keep their eyes focused on the long-term good of society. This report has cited numerous examples of women coming together to create environments of caring, concern, social responsibility and mutual aid within and between communities. Experience in El Salvador, Mozambique, Bosnia and Liberia has shown that when women are active in conflict resolution and violence mitigation, there is a better chance for sustainable peace.

When children grow up in stable communities, where their mothers have the resources they need to provide safety, health and education for the future, there is hope of breaking the cycle of violence and hatred that has brought such horror to the world through the generations. By investing in mothers and children, governments and the international community are investing in a more peaceful and prosperous world for us all.

Call to
AC
BRICA

Call to Action

A Letter from the Congressional Caucus for Women's Issues

We are pleased to help introduce the *State of the World's Mothers 2002*. This report's findings clearly demonstrate the inextricable link between the health and well-being of mothers and their children, and document the great risks and responsibilities facing mothers and their families in war-torn countries. As part of the global family of nations, the United States can do much to protect and improve the lives of women and children in the developing world.

We support the critical, life-saving work of Save the Children and its partner humanitarian relief and development organizations, and look forward to helping ensure that the United States adequately addresses the care and protection needs of women and children in war and conflict. In addition, we recognize the vital role that women play in building stable societies in post-conflict communities, and pledge our support to these women so they can do more to create a peaceful and prosperous world for all children, and for us all.

Judy Biggert (R-IL)
Member of Congress
Co-Chair,
Congressional Caucus
for Women's Issues

Juanita Millender-McDonald (D-CA)
Member of Congress
Co-Chair,
Congressional Caucus
for Women's Issues

Join Save the Children's Every Mother/Every Child Campaign

War and armed conflict exacerbate the challenges that confront mothers and children in poor countries. Mothers must assume greater responsibilities for the security and well-being of their families, often under extraordinarily difficult circumstances. During wartime, they may be forced to flee their homes and to struggle to protect their families under harsh conditions in refugee camps or other temporary living conditions. And after their return to their communities, mothers and children who have survived war and conflict are in even greater need of resources and tools to overcome their adversity, to achieve some stability in their lives and to start the long process of healing and rebuilding.

The *Every Mother/Every Child* campaign seeks to ensure that every mother in the developing world has the tools she needs so she and her children can survive and thrive.

The campaign is based on the premise that women need three essential tools to overcome the cycle of illiteracy, poverty and inadequate health care. When women have access to these tools – education, economic opportunities and maternal and child health care, including family planning – they are able to take control of their own lives and to break this cycle for their children and their families.

The broad goals of the *Every Mother/Every Child* campaign are:

- To educate the American public about the need for improved health, education and economic opportunities for mothers in the developing world;
- To work with policymakers to improve US and international policies for mothers and children worldwide, including those affected by war and conflict; and
- To increase the amount of money available from individuals, corporations, foundations and the US government for programs that provide women and children with these essential tools.

Join this campaign and work with us to ensure that Every Mother and Every Child have the tools they need to survive and thrive. Our ability to reach the world's 2 billion mothers, including the millions affected by war and conflict, with education, critical health care services and economic opportunities will determine the quality of life for generations to come. Together, we have the power to put these three essential tools in the hands of every mother, for every child.

To join, complete and return the enclosed postcard, call 1-800-728-3843 or visit our website at www.savethechildren.org/mothers/

Take Action Now!

Save the Children calls on you to join the *Every Mother/Every Child* campaign. Work with us to ensure that women and children, particularly those who are victims of war and conflict, have the assistance they need to survive and thrive. Investing in mothers is also one of the most effective ways to help post-conflict societies achieve reconciliation, development and a better future for their children. Take a few minutes today to:

1. **Join the Campaign.** Complete and return the enclosed postcard or sign up online at www.savethechildren.org.
2. **Speak Out.**
   - Send a letter to Secretary of State Colin Powell and urge the United States to put women and children first and to ensure that they receive the attention they need and deserve in each humanitarian crisis response.
   - Write to your two Senators and your Representative and encourage them to press for priority status for women and children in our country's humanitarian response.
   - Log on to www.savethechildren.org to send your letters through e-mail or photocopy, sign at the bottom and mail the letters on the next two pages to:

Secretary of State Colin Powell
US Department of State
2201 C Street NW
Washington, DC 20520

(Your Senator)
United States Senate
Washington, DC 20510

(Your Representative)
US House of Representatives
Washington, DC 20515

3. **Learn More.** Visit our website to read the stories of the women and children in areas of conflict, and to find out more about Save the Children's programs around the world. www.savethechildren.org
4. **Donate.** Call 1-800-728-3843 or visit our website to make an online donation or to become a sponsor.

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An Open Letter to Secretary of State Colin Powell

Dear Mr. Secretary:

As we have seen in Afghanistan and other recent conflicts, war has a new face. This "new face of war" is particularly harsh on mothers and children who were already struggling to meet their basic needs. It seeks to destroy the very fabric of society by obliterating people's way of life: destroying homes and communities, poisoning water supplies, forcing people to flee from their homes. Furthermore, the use of rape against women and girls is an increasingly common tactic further demoralizing individuals and destabilizing whole communities.

Today, women and children, once caught in the crossfire, have become the main targets of war. In addition, women and girls in refugee camps in countries of ayslum are highly vulnerable to sexual assault and other forms of violence.

Save the Children's report on the *State of the World's Mothers* outlines the horrific impact of conflict on women and children and celebrates the tremendous courage and leadership that women have demonstrated in overcoming these tragic circumstances. While the United States has sought to provide aid and support in many of these situations, it is clear that more can and must be done to better protect and assist children and women. We must increase the impact of the resources and support that we currently provide to these women and children. We therefore urge you to take the following steps:

1. **Ensure that the care and protection of women and children is *the humanitarian priority* in ethnic and political conflicts.** In every conflict situation there should be an informed analysis of the particular risks faced by women and children, accompanied by a doable plan of action to protect and assist women and children, including specific recommendations for redress.

2. **Ensure that all women and children are provided the tools they need so they and their children can survive during war and conflict:** food and basic shelter; childhood immunizations and curative care; and reproductive health care, including safe pregnancy care and voluntary family planning.

3. **Give special attention to the financial and security needs of women and children. Women are susceptible to exploitation and abuse during the chaos of conflict.** It is often difficult for them to provide for the material needs of their families without putting themselves at additional risk of exploitation.

4. **Invest in mothers as one of the most effective ways to help post-conflict societies achieve reconciliation, move forward and help rebuild communities.** Women and children must continue to be a priority during this phase, with access to essential health services, education and micro-credit – the tools they need to survive and thrive.

5. **Finally, in order to increase the effectiveness of emergency response and ensure that relief reaches those most in need, the US government should shift more resources to the non-governmental organizations (NGOs) that are closest to the ground in emergency situations.** The government must also encourage greater coordination between NGOs, and the government agencies and other groups offering operational support in these situations. In partnership with others, NGOs can help identify the special needs of women and children in the community, support the development of the plan of action, use their contacts to disseminate the plan of action, and contribute to the implementation of the plan.

Americans want to see that the assistance our country provides gets to the people who really need it, especially to women and children. Implementing these steps will improve our nation's crisis-response programs making them more accountable and effective. America can be made stronger and the world more stable through assistance programs with concrete, realistic goals and adequate funding to bring meaningful results for women and children everywhere.

Signed,

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An Open Letter to Senators and Representatives

Dear _____:

As the recent conflict in Afghanistan has demonstrated, war and conflict exacerbate the challenges that confront women and children in developing countries. Violent conflict places additional responsibilities and burdens on women. Save the Children's *State of the World's Mothers* report outlines the horrific impact of conflict on women and children. While the United States has sought to provide aid and support in many of these situations, it is clear that more can be done to focus our resources to better protect and assist children and women.

We must ensure that the care and protection of women and children is ***the humanitarian priority*** in ethnic and political conflicts. In every conflict situation, Congress must ensure that everything possible is being done to protect women and children. And we need to guarantee that women and children have the tools they need to survive and thrive: education, economic opportunities and maternal and child health care, including safe pregnancy care and voluntary family planning.

Americans want to see that the assistance our country provides gets to the people who really need it, especially to women and children. Citizen-supported non-governmental organizations are efficient partners for the US government and careful stewards of women's and children's well-being. America can be made stronger and the world more stable through assistance programs with concrete, realistic goals and adequate funding to bring meaningful results for women and children everywhere.

Signed,

Sexual Exploitation of West African Refugee Children

According to a report released in February 2002 by the United Nations High Commissioner for Refugees (UNHCR) and Save the Children/United Kingdom, refugee children and internally displaced youth in West Africa suffer widespread sexual abuse at the hands of local aid workers, peacekeeping soldiers, refugee leaders, and sometimes their own families. The report, *Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia, and Sierra Leone*, concludes that "sexual violence and exploitation of children appears to be extensive" among uprooted children. An estimated 1.1 million people in Sierra Leone, Liberia and Guinea still live in refugee camps and displacement sites after 12 years of civil wars and insurgencies that have spilled back and forth across international borders and still rage today in some locations. The full report is available on the UNHCR web site: www.unhcr.ch

Save the Children/US considers the protection of women and children in conflict and crisis situations of the utmost priority. The organization has its own *Child Safety Policy*, a set of strict guidelines to help ensure the protection of children in the crisis situations where it works. At the time *State of the World's Mothers 2002* went to press, Save the Children/US had joined with other members of InterAction – a coalition of 160 US-based humanitarian and development organizations – to look at the scope of this problem and issue a set of recommendations to combat and prevent sexual exploitation of highly vulnerable uprooted children. It is already clear that the international and donor communities will have to increase funds for protection of refugees – particularly children, girls and women.

Appendix
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The Mothers' Index & Country Rankings

The third annual *Mothers' Index* helps document conditions for mothers in 105 countries – 22 industrialized nations and 83 in the developing world – and shows where mothers do best and where they face the greatest hardships. All countries for which sufficient data were available are included in the *Index*.

Why should Save the Children be so concerned with mothers? Because 70 years of field experience has taught us that the quality of children's lives depends on the health, security and well-being of their mothers. In short, providing mothers with access to education, economic opportunities, and maternal and child health care, including family planning, gives mothers and their children the best chance to survive and thrive.

What the Numbers Can't Tell You

During conflict, it is often too dangerous to conduct research. Even when it is possible to do so, destroyed infrastructure can make it difficult to reach many populations, especially when large groups of people have been displaced. Furthermore, people may be wary of outsiders seeking information or may simply be too traumatized by the conflict to tell their stories.

In many post-conflict situations, governments and non-governmental organizations want to use their resources to implement programs rather than to document the extent of the problem. However, the lack of accurate data in many conflict and post-conflict countries makes it difficult to target populations in need, and to design effective development programs to help people rebuild their lives.

The national-level data presented in the *Mothers' Index* provide an overview of many countries. However, it is important to remember that the condition of geographic or ethnic sub-groups in a country may vary greatly from the national average. War may affect certain segments of the population disproportionately, especially in the case of internal ethnic conflict. This report shows that conflict poses different threats to men and women. In some cases, women are doubly victimized, both for their gender and for their ethnic or social status. These details are hidden when only broad national-level data are available.

The *Index* relies on information published by governments, research institutions and international agencies. The *Complete Mothers' Index*, based on a composite of separate indices for women's and children's well-being, appears in the fold-out table in this Appendix. A full description of the research methodology and individual indicators (briefly described below) appears on the back of the fold-out.

The six indicators of women's well-being are:
- Lifetime risk of maternal mortality
- Percent of women using modern contraception
- Percent of births attended by trained personnel
- Percent of pregnant women with anemia
- Adult female literacy rate
- Participation of women in national government

The four indicators of children's well-being are:
- Infant mortality rate
- Gross primary enrollment ratio
- Percent of population with access to safe water
- Percent of children under age 5 suffering from moderate or severe nutritional wasting

Switzerland, Canada and Norway top the rankings in this year's *Mothers' Index*. The top 10 countries, in general, attain very high scores for mother's and children's health and educational status. The United States just barely makes the top 10, tying for tenth place with

The Mothers' Index

Top Ten		Bottom Ten	
Rank	Country	Rank	Country
1	Switzerland	96	Benin
2	Canada	96	
3	Norway	98	Gambia
4	Denmark	98	
4	Sweden	100	
6	Australia	100	Mali
6	Netherlands	100	
6	United Kingdom	103	
9	Finland	104	Burkina Faso
10	Austria	105	Niger
10	United States		

Note: "Countries in conflict" are shown in red. These are countries that are experiencing or have recently experienced large-scale conflict.

Austria, up from eleventh place last year. (New information was available for six of the 10 indicators used in last year's *Index*, where Sweden topped the list of 94 countries, and Guinea-Bissau finished last.)

Conflict in the "Bottom Ten" Countries of the Mothers' Index

Mothers' Index Rank	Country
96	Benin
96	: ongoing internal rebellion
98	Gambia
98	: instability and humanitarian crisis due to unrest in neighboring Sierra Leone
100	: coups, uprisings, and refugee problems through 1991; border war with Eritrea in the late 90s
100	Mali
100	: history of conflict between northern and southern states; civil war 1994
103	: civil war from 1998-2000
104	Burkina Faso
105	Niger

Note: "Countries in conflict" are indicated in red.

The 10 bottom-ranked countries in this year's *Mothers' Index* are a reverse image of the top 10, performing poorly on all indicators. For instance, on average:

- In the bottom 10 countries, nearly one out of three children is not attending primary school, and only one out of four adult women is literate. In the top 10 countries, virtually all children go to school and all women are literate.
- A mother in one of the bottom 10 countries is 23 times more likely to see her child die in the first year of life than a mother in one of the top 10. Her own risk of dying in pregnancy or childbirth is more than 500 times higher.
- The difference in availability of maternal and child health services is especially dramatic when comparing Switzerland and Niger, the top- and bottom-ranked countries. In Switzerland, trained personnel attend virtually all births, 78 percent of women use modern contraception and only 3 out of 1,000 infants die before their first birthday. Conversely, in Niger, only 18 percent of births are attended by trained health personnel, 5 percent of women use modern contraception, and 159 infants out of 1,000 die in their first year. In addition, the lifetime risk of a woman dying in childbirth is nearly 1,000 times greater in Niger than in Switzerland.

Although the *Mothers' Index* does not directly measure conflict, it does clearly demonstrate the diminished status of women and children in countries where conflict exists. Five of the bottom 10 countries (Nepal, Guinea, Ethiopia, Guinea-Bissau and Yemen), and 15 of the bottom 30, are in conflict or post-conflict situations.

In many countries in conflict – such as Afghanistan, Angola, Bosnia, East Timor and Somalia – the challenges of mothers go undocumented because there are simply no data on even the most basic development indicators. Had there been sufficient data to include all countries in conflict in the rankings, many would have fallen to the bottom of the pack.

For instance, zeroing in on the children's well-being portion of the *Mothers' Index*, Afghanistan would have finished in last place, behind 155 other countries. In that country, 165 infants of every 1,000 die before their first birthday, 71 percent of children are not enrolled in school, 88 percent of the population is without safe water, and 25 percent of children are suffering from moderate or severe malnutrition (underweight for height). The situation for mothers is equally dismal: 98 percent of women are not using modern contraception; 92 percent of all babies are delivered without trained health personnel; and one in 7 mothers die in childbirth during their lifetime.

Even though there was insufficient data to rank many of these conflict countries in the *Mothers' Index*, available data for countries in conflict are included in the tables and in the analysis below. Countries in conflict and post-conflict are indicated by red type both below and on the *Mothers' Index*.

Whether countries are in conflict or not, the data collected for the *Mothers' Index* document the tremendous gaps between rich and poor countries and

the urgent need to accelerate progress in the health and well-being of mothers and their children. The data also highlight the regional dimension of this tragedy. Eight of the bottom 10 countries are in sub-Saharan Africa. That region also accounts for 18 of the bottom 25 countries. Individual country comparisons are especially startling when one considers the human suffering behind the statistics:

- Fewer than 10 percent of births are attended by trained health personnel in Afghanistan, Equatorial Guinea, Nepal and Somalia.
- One woman in 7 dies in pregnancy or childbirth in Afghanistan, Guinea, Sierra Leone and Somalia.
- Most pregnant women in India (88 percent) are anemic.
- Only 1 percent of women use modern contraception in Burundi, Chad and Mauritania.
- Only 8 percent of women in Niger can read and write.
- Fewer than half the children are enrolled in primary school in Afghanistan, Burkina Faso, Djibouti, Ethiopia and Sudan. In Somalia, 86 percent of children are not enrolled.
- One-quarter of all children under age 5 suffer from moderate or severe malnutrition in Afghanistan.
- More than 85 percent of the population does not have access to safe drinking water in Afghanistan, Ethiopia, Eritrea and Rwanda.

Statistics are far more than numbers. It is the human despair and lost opportunities beyond these numbers that call for ensuring that mothers everywhere have the basic tools they need to break the cycle of poverty and improve the quality of life for themselves, their children, and for generations to come. In times of war and conflict, the mother-child connection becomes even more important when mothers and children become more imperiled. Their protection and care needs to be a priority in every humanitarian response.

Countries in Conflict: Defining the Terms

State of the World's Mothers 2002 focuses on 47 "countries in conflict" that are either currently experiencing armed hostilities or that have recently endured them. This list was identified through a review of literature and in consultation with members of the Save the Children staff. The definition of conflict was adapted from the Stockholm International Peace Research Institute's *SIPRI Yearbook 2001: Armaments, Disarmament and International Security:*

The site of prolonged combat between military forces of two or more governments or of one government and at least one organized armed group, incurring battle-related deaths of at least 1,000 people in one year during the period 1990-2001 (the last year for which data are available).

Forty-four of the countries in conflict identified in this report were listed in the SIPRI yearbook. Battle-related deaths after 1990 were below the 1,000-in-a-year threshold in Mozambique, Nepal and Nicaragua, but these countries were added due to the significant impact of long-running conflicts that were still active during this period. Guinea is included as a conflict country due to the humanitarian crisis caused by refugees from surrounding conflict-ridden countries. Because armed hostilities are often chronic and cyclical in nature – and the damage war does to families and communities lasts for years after guns have been put down – *State of the World's Mothers* does not distinguish between "in-conflict" and "post-conflict" countries.

Mothers' Index Rankings

The *Mothers' Index* reflects how individual countries compare in meeting the needs of mothers. Listed here are the *Mothers' Index* rankings for all 105 countries included in the survey, along with the corresponding rankings for women's and children's indices in each country. "Countries in conflict" are shown in red. These are countries that are experiencing or have recently experienced large-scale conflict.

See the fold-out section in this Appendix for the *Complete Mothers' Index*.

Country	Mothers' Index Rank*	Women's Index Rank	Children's Index Rank
Switzerland	1	4	1
Canada	2	7	1
Norway	3	2	1
Denmark	4	3	1
Sweden	4	1	1
Australia	6	8	1
Netherlands	6	5	1
United Kingdom	8	9	18
Finland	9	5	1
Austria	10	10	1
United States	10	11	1
Hungary	12	16	12
Czech Republic	13	14	17
Singapore	13	16	13
Chile	15	19	1
Bahamas	16	18	13
Barbados	17	23	17
Bulgaria	18	12	13
Uruguay	19	19	18
Costa Rica	20	15	23
Cuba	20	13	13
Moldova (Republic of)	22	19	24
Russian Federation	23	27	31
Kazakhstan	24	23	31
Korea (Republic of)	25	28	46
Ukraine	25	31	35
Colombia	27	28	24
Kyrgyzstan	27	31	33
Trinidad and Tobago	27	35	18
Jamaica	30	31	24
Panama	30	39	18
Ecuador	32	31	29
Uzbekistan	33	28	60
Romania	34	35	52
Korea (Democratic People's Republic)	35	23	60
Paraguay	36	53	24
Thailand	37	44	40
Venezuela	38	39	49
Mexico	39	35	42
Tajikistan	39	41	49
Brazil	41	44	55
Dominican Republic	41	35	52
Jordan	43	58	24
South Africa	43	23	44
Sri Lanka	43	49	55
United Arab Emirates	43	53	62
El Salvador	47	48	35
Honduras	47	50	42
Mauritius	47	50	49
Vietnam	47	19	65
Kuwait	51	57	52
Mongolia	51	41	76
Zimbabwe	51	44	67
Lebanon	54	61	29
Lesotho	55	53	76
Iran	56	58	44
China	57	44	82
Peru	57	53	55
Botswana	59	50	68
Turkey	60	65	35
Bolivia	61	62	55
Nicaragua	61	62	35
Indonesia	63	60	74
Kenya	64	65	62
Namibia	65	41	81
Tunisia	66	64	35
Syria	67	69	46
Zambia	67	67	65
Algeria	69	74	40
Papua New Guinea	70	69	74
Guatemala	71	72	46
Cameroon	72	71	69
Egypt	73	76	31
Tanzania (United Republic of)	74	68	69
Ghana	75	76	73
Iraq	76	78	71
Morocco	77	88	59
Malawi	78	80	78
Sudan	79	75	88
Rwanda	80	72	92
Nigeria	81	83	88
Cambodia	82	81	97
Togo	83	86	83
Madagascar	84	86	83
Côte d'Ivoire	85	84	86
Lao People's Democratic Republic	86	79	92
Bhutan	87	95	71
Burundi	88	90	81
India	89	88	86
Senegal	90	84	78
Pakistan	91	98	78
Mauritania	92	91	87
Chad	93	91	101
Mozambique	94	81	88
Central African Republic	95	94	100
Benin	96	95	99
Nepal	97	101	83
Gambia	98	101	96
Guinea	99	99	92
Ethiopia	100	95	104
Mali	100	91	103
Yemen	102	104	95
Guinea-Bissau	103	103	98
Burkina Faso	104	100	102
Niger	105	105	105

*Due to different indicator weights, it is possible for a country to rank high in the women's and children's indices but not score among the very highest countries on the overall *Mothers' Index*. For a complete explanation of the indicator weighting, please see the Methodology & Research Notes.

The Complete Mothers' Index 2002

Country	Women's Index						Children's Index				Rankings		
	Health Status				Education Status	Political Status	Children's Status						
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 195 countries)*	Women's Index Rank (out of 118 countries)*	Children's Index Rank (out of 156 countries)*
Algeria	120	49	77 z	42	51	3	50	96	92	3	80	86	80
Australia	4900	72	100 z		99 z	24	6	101	100		8	9	1
Austria	5600	67	100 z		99 z	27	5	103	100		10	13	1
Bahamas	400	60	100 z		97	15	15	99	100		35	25	16
Barbados	1100	53	100		97	11	12	101	100	4 z	30	33	20
Benin	12	3	60	41	24	8	98	76	23	14	80	108	145
Bhutan	9	19	15 z		34	9	77	72	70	3	67	108	108
Bolivia	26	25	59	54	79	12	62	97	70	2	68	74	82
Botswana	65	32	87		80	17	74	118	66	5	60	61	103
Brazil	130	70	92	33	85	6	32	128	76	2	41	55	82
Bulgaria	1800	48	100 z		98	26	15	100	100		35	16	16
Burkina Faso	14	5	27	24	13	8	105	41	29	13	184	113	151
Burundi	9	1	24 z	68	41	14	114	62	68	8	87	103	121
Cambodia	17	7	34		58 z	7	95	90	17	15	62	93	143
Cameroon	26	7	55	44	68	6	95	82	79	5	72	83	105
Canada	7700	73	100 z		99 z	21	6	102	100		2	8	1
Central African Republic	21	3	46 z	67	35	7	115	61	25	9	93	107	146
Chad	9	1	15	37	41	2	118	65	29	12	93	104	147
Chile	490		100	13	96	11	10	103	96	0	33	28	1
China	400	83	67	52	77	22	32	104	40	3	57	55	90
Colombia	300	64	85	24	92	12	25	99	86	1	47	39	35
Costa Rica	420	69	98	27	96	19	10	109	93	2	33	21	33
Côte d'Ivoire	14	4	47	34	38	8	102	71	52	10	68	96	129
Cuba	490	67	100	47	96	28	7	97	98	2	53	17	16
Czech Republic	2900	45	99 z	23	99 z	15	5	104		2 z	23	20	20
Denmark	5800	72	100 z		99 z	37	4	101	100 z		4	3	1
Dominican Republic	230	59	99		84	16	42	93 z	67	2	45	46	78
Ecuador	150	52	71	17	90	15	25	99	86	2 z z	39	42	43
Egypt	120	46	61	24	44	2	37	100	98	6	72	88	52
El Salvador	65	54	90	14	78	10	34	94	82	1	47	59	54
Ethiopia	9	6	10	42	33	8	117	42	12	11	169	108	153
Finland	4200	75	100 z		99 z	37	4	99	100		6	6	1
Gambia	13	7	44 z	80	30	2	92	72	37	9	90	114	142
Ghana	18	13	44	64	61	9	58	79	72	10	79	88	111
Guatemala	75	31	41	45	61	9	44	94	81	3	71	84	69
Guinea	7	4	35		27	9	112	54	58	9	93	112	138
Guinea-Bissau	16		25	74	21	8	132	69	56	10	165	116	144
Honduras	75	41	55	14	85 z	9	32	97	75	2	47	61	63
Hungary	1500	68	99 z		99	8	8	103	99	2 z	28	22	13
India	37	43	34 z	88	42	9	69	90	28	16	67	100	133
Indonesia	41	59	56	64	82	8	35	114	55	13 z	49	72	112
Iran	130	56	88	17	70	3	36	107	83	5	85	70	66
Iraq	48	10	54 z	18	45 z	8	105	107	78	10 z	96	90	108

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Country	Women's Index						Children's Index				Rankings		
	Health Status				Education Status	Political Status	Children's Status						
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 105 countries)*	Women's Index Rank (out of 118 countries)*	Children's Index Rank (out of 156 countries)*
Jamaica	280	63	95	40	91	13	17	94	99	4	39	42	35
Jordan	95	38	97	50	84	1	28	93	99	2	45	70	35
Kazakhstan	370	53	98	27	98 x	10	60	100	99	2	84	33	46
Kenya	20	32	44	35	76	4	77	89	87	6	63	77	90
Korea (Democratic People's Republic)	500	53	100 x	71	100 x	20	23	104 x	99	19	33	33	68
Korea (Republic of)	380	67	98 x		96	6	5	98	63		85	39	69
Kuwait	820	47	98	40	80	0	9	99		11	93	69	78
Kyrgyzstan	190	49	98		95 x	10	53	98	100	3	87	42	52
Lao People's Democratic Republic	19	15	14 x	62	50	21	90	114	30	15	103	91	138
Lebanon	85	37	89	49	80	2	28	113	99	3	84	73	43
Lesotho	26	19	50 x	7	94	4	92	94	49	5	98	64	115
Madagascar	27	10	47		44 x	8	86	104	42	14	94	98	124
Malawi	20	14	55 x	55	47	9	117	135	76	6	70	92	117
Mali	10	5	24	58	33	12	142	50	69	23 x	102	104	152
Mauritania	16	1	40 x	24	29	4	120	88	33	7	98	104	130
Mauritius	300	49	97 x	29	81	6	17	105	99	15	47	61	73
Mexico	220	58	86	41	89	16	25	112	74	2	30	46	63
Moldova (Republic of)	580	50		20	98	13	27	96	99	3	33	28	35
Mongolia	310	25	93	45	99	11	62	103	30	6	81	52	115
Morocco	33	42	40	45	38	1	41	85	68	2 x	37	100	86
Mozambique	9	5	44	58	28	30	126	76	43	8	86	93	133
Namibia	42	26	68 x	16	81	25	56	126	41	9 x	60	52	121
Nepal	10	26	9	65	24	6	72	122	28	7	68	114	124
Netherlands	4300	76	100		99 z	36	5	103	100		8	6	1
Nicaragua	100	57	65	36	64	10	37	96	85	2	61	74	54
Niger	9	5	18	41	8	1	159	32	20	14	103	118	154
Nigeria	13	4	33	55	56	3	110	70	54	12	81	95	133
Norway	7300	69	100 x		99 z	36	4	100	100 x		3	2	1
Pakistan	38	17	19	37	28	2	85	84	62	11 xz	91	111	117
Panama	510	54	90		91	10	20	106	92	1	29	50	22
Papua New Guinea	17	20	53	16	68	2	79	63	82	6 xz	69	81	112
Paraguay	120	48	71	44	92	3	26	112	94	1	25	64	35
Peru	85	41	56	53	85	18	40	122	71	1	37	64	82
Romania	340	30	99 x	31	97	11	19	100	53	3 x	26	46	78
Russian Federation	620	53	99	30	99	8	18	107 x		4	20	37	66
Rwanda	9 x	7	26 x		61	26	100	88	8	7	69	84	138
Senegal	11	8	47	26	28	17	80	66	70	8	67	95	117
Singapore	4900	73	100 x		88	7	4	94	100	4 x	13	22	16
South Africa	85	55	84	37	84	30	55	97	87	3 z	42	33	66
Sri Lanka	230	44	94 x	39	89	4	17	107	94	15	42	60	82
Sudan	21	7	86 x	36	46	10	66	46	62	13 xz	78	87	133
Sweden	6000	72	100 x		99 z	43	3	103	100		4	1	1
Switzerland	8700	78	99 x		99 z	23	3	107 x	100		1	4	1

The Complete Mothers' Index 2002

Country	Women's Index						Children's Index				Rankings		
	Health Status				Education Status	Political Status	Children's Status						
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 105 countries)*	Women's Index Rank (out of 118 countries)*	Children's Index Rank (out of 156 countries)*
Syria	75	28	76 x		60	10	24	95	90	9	67	81	89
Tajikistan	120		79	50	99	13	54	95	90		89	52	73
Tanzania (United Republic of)	18	16	35	59	67	22	104	76	90	5	34	80	105
Thailand	180	70	71 x	57	94	9	25	91	96	6x	25	55	80
Togo	20	7	51	48	43	5	80	103	34	12	82	98	124
Trinidad and Tobago	360	44	98 x	53	98	11	17	99	99	4 x	27	46	22
Tunisia	140	51	81	38	60	12	22	116	84	2	55	76	54
Turkey	130	38	81	74	77	4	38	92	90	2	50	77	54
Ukraine	930	38	100		99 x	8	17	81	99	6	25	42	54
United Arab Emirates	730	24	99		93 x	0	8	103		15	45	64	90
United Kingdom	5100	82	98 x		99 z	18	6	114	100		6	12	22
United States	3500	71	99 x		99 z	14	7	102	100	1 x	10	15	1
Uruguay	410		100	20	98	12	15	112	94	1	16	28	22
Uzbekistan	370	51	95		99 x	7	51	100	89	12	22	39	68
Venezuela	200	38	95	29	93	10	20	91	68	3	20	50	73
Vietnam	130	56	77		91	26	30	108	47	6	47	28	95
Yemen	8	10	22		25	1	85	68	38	13	103	117	141
Zambia	14	14	47	34	71	10	112	101	78	4	47	79	95
Zimbabwe	28	50	84		90	10	73	108	62	6	21	55	103
WOMEN'S INDEX ONLY													
Argentina	290		98	26	97	27	18	111				18	
Belarus	1300	42	100 x		99	10	17	98				37	
Belgium	5200	74	100 x		99 z	23	6	103				9	
France	3100	69	99 x		99 z	11	4	105				18	
Germany	2700	72	100 x		99 z	31	5	104				9	
Italy	5300	32	100 x		98	10	6	101				22	
Japan	2900	53	100 x		99 z	7	4	102				25	
Latvia	1100	38	100 x		100	17	17	101				25	
Liberia	22	6	58 x		37	8	157	56		3 x		102	
Malaysia	270	30	96	56	84	10	8	84				68	
New Zealand	1600	72	95 x		99 z	31	6	101				13	
Portugal	3500	33	98 x		90	19	6	126				28	
Spain	9200	67	96 x		97	28	5	109				4	
CHILDREN'S INDEX ONLY													
Afghanistan	7 x	2	8 x		6 z		165	29	12	25			156
Albania	430		99 x				27	107	91	11			46
Angola	8			29		16	172	88 x	44	6 z			133
Antigua and Barbuda			100		83 x	5	13	99	95	10 x			60
Armenia	640		97		99 x	3	25	95		2			46
Azerbaijan	1400		100		96 x	11	74	96	81	8			94
Bahrain	360	31	98		83		13	104		5			46
Bangladesh	21	43	13	53	29		54	97	48	10			112
Belize		42	77 x		80 x	7	34	101	50				98

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Country	Women's Index						Children's Index				Rankings		
	Health Status				Education Status	Political Status	Children's Status						
	Lifetime risk of maternal mortality (1 in number stated)	Percent of women using modern contraception	Percent of births attended by trained personnel	Percent of pregnant women with anemia	Adult female literacy rate (percent)	Participation of women in national government (% of seats held by women)	Infant mortality rate (per 1,000 live births)	Gross primary enrollment ratio (expressed as a percent)	Percent of population with access to safe water	Percent of children under age 5 suffering from moderate or severe nutritional wasting	Mothers' Index Rank (out of 105 countries)*	Women's Index Rank (out of 118 countries)*	Children's Index Rank (out of 156 countries)*
Cape Verde		46	54		65	11	30	118	71	6 x			87
Comoros	12	11	52		70 x		61	92	98	12			90
Congo (Democratic Republic of the)	14	2			54 x		128	61	21	10			149
Congo (Republic of)	15				74	12	81	79		4			108
Cook Island			99 x				20	111	100				31
Croatia			100		97	21	8	95		1			22
Cyprus	6900		100 x		95	11	6	100	100				1
Djibouti	24		79 x		38	0	102	39	91	13			132
Dominica			100			19	14	99	83	2 x			35
Equatorial Guinea	17		5 x		75	5	103	128	53				130
Eritrea	10	4	21 x			15	73	59	13	16			150
Fiji	300	35			91		18	111	43	8 x			101
Gabon	32		80 x		62	9	60	132	53				123
Georgia	1100	20			99 x	7	24	95	100	2			31
Grenada			99			27	21	126	97				63
Guyana		28	95		98	18	55	88	87	12			98
Haiti	17	22	21	64	46		81	126	28	8			128
Kiribati			72 x			5	52	84	48	11 x			117
Libya	55	26	94		68		17	99	97	3			22
Maldives			90 x		96	6	59	123	56	17			127
Malta	0		98 x		93	9	5	107	100				13
Myanmar	33	28	56	58	81		78	100	64	10			105
Oman	60	18	91	54	62		12	98	92	13			73
Palau			99 x			0	24	103 x	100				22
Philippines	75	28	56	48	95		30	119	83	6			78
Qatar			98		83		12	103		2			22
Saint Kitts and Nevis			100			13	21	98	96				31
Saint Lucia			100			11	17	115	89	6 x			54
Saint Vincent & the Grenadines			96				21	91	96				46
Samoa	500		76 x			6	21	94	99				35
Sao Tome & Principe			86 x			9	58			5			69
Seychelles			99 x		89 x	24	13	101		2 x			22
Sierra Leone	7			31	23	9	180	50 x	66	10			148
Slovakia		41			100	14	8	99	100				13
Solomon Islands			85 x			2	21	97 x	34	7 x			103
Somalia	7 x		2 x				133	14 x		17			155
Suriname			91 x		93	18	27	127 x	93				73
Swaziland	29		56 x		79	3	101	116		1 x			95
Tuvalu			100 x		98 x	0	38	100	100				35
Uganda	10	9	38	30	57		81	122	79	5			98
Vanuatu	60		79 x			0	35	97	100				43
Yugoslavia		12	93		97 x	7	17	69	100	4			66

x=Data may refer to a different year than noted or may vary from the standard p=Data are from different year or different source

*The *Mothers' Index* ranks are out of 105 countries for which sufficient data were available. The *Women's Index* ranks and *Children's Index* ranks are out of 118 and 156 countries respectively – these include additional countries for which adequate data existed to present findings on women's indicators or children's indicators, but not both.

Methodology & Research Notes

1. In the first year of the *Mothers' Index* (2000), a review of literature and consultation with members of the Save the Children staff identified health status, educational status, political status, and children's well-being as key factors related to the well-being of mothers. Indicators were selected to represent these factors, and published data sources for each indicator were identified. In some cases, the factors were difficult to capture because few countries reported related statistics. To adjust for these variations in data availability when calculating the final index, the indicators for maternal health and children's well-being were grouped into sub-indices *(see step 5)*. This procedure allowed researchers to draw on the wealth of useful information on those topics without giving too little weight to the factors for which less abundant data were available.

2. Data were gathered for six indicators of women's status and four indicators of children's status.

The indicators that represent women's health status are:

Lifetime risk of maternal mortality
Calculations are based on maternal mortality and fertility rates in a country. Some country estimates are derived using a WHO/UNICEF methodology. Source: *WHO 1997, "Maternal Health Around the World" (wall chart).*

Percent of women using modern contraception
Data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using modern methods of contraception (including male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods). Source: United Nations Population Division. 2001. Database on Contraceptive Use (updated March 2001). New York: United Nations, as published in UNFPA (2001) *The State of World Population 2001.* Available online at:
http://www.unfpa.org/swp/swpmain.htm
http://www.unfpa.org/swp/2001/english/indicators/indicators1.html

Percent of births attended by trained personnel
Percentage of births attended by trained personnel is defined as those births attended by physicians, nurses, midwives or primary health care workers trained in midwifery skills. Data are from 1995-2000. Source: UNICEF (2001). *State of the World's Children (Table 7).* Available on-line at: http://www.unicef.org/sowc01/tables.
Additional information from
http://www.unicef.org/pubsgen/sowc02summary/index.html

Percent of pregnant women with anemia
Prevalence of anemia, or iron deficiency, is defined as hemoglobin levels less than 11 grams per deciliter among pregnant women. Data are from 1985-1999. Source: World Bank. Available on-line at:http://www.worldbank.org/data/databytopic/databytopic.html
http://www.worldbank.org/data/wdi2001/pdfs/tab2_18.pdf

The indicator that represents women's educational status is:

Adult female literacy rate
Female literacy rate is the percentage of women over 15 years of age who can read and write. Source: *UNICEF (2002). State of the World's Children Summary (Table 4).* Available on-line at: http://www.unicef.org/pubsgen/sowc02summary/index.html
Additional estimates (as noted in the data annex) are from UNDP's *Human Development Report 2000.*

The indicator that represents women's political status is:

Participation of women in national government
This indicator represents the percentage of seats in national legislatures or parliaments occupied by women. In bicameral legislatures and parliaments, only the lower house is counted. Data are from 2001, latest available. Source: *UNSD (2000) The World's Women 2000: Trends and Statistics. (Updated 2001)* Available on-line at:
http://www.un.org/Depts/unsd/ww2000/table6a.htm

The indicators that represent children's well-being are:

Infant mortality rate
Infant mortality rate is the probability of dying between birth and exactly one year of age, expressed per 1,000 live births. *Data are from 2001.* Source: *UNICEF (2002) State of the World's Children 2002 Summary (Table 1).* Available on-line at: http://www.unicef.org/pubsgen/sowc02summary/index.html

Gross primary enrollment ratio
The gross primary enrollment ratio is the total number of children enrolled in primary school, expressed as a percentage of the total number of children of primary school age. *Data are from 1995-1999.* Source: *UNICEF (2001) State of the World's Children (Table 1).* Available on-line at:
http://www.unicef.org/sowc01/tables

Percent of population with access to safe water
This indicator reports the percentage of the population with access to an adequate amount of water from an improved source within a convenient distance from a user's dwelling, as defined by country-level standards. "Improved" water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs, and rain-

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water collection. In general, "reasonable access" is defined as at least 20 liters (5.3 gallons) per person per day, from a source within one kilometer (.62 miles) of the user's dwelling. Data are from 2000. Source: *UNICEF (2002) State of the World's Children 2002 Summary (Table 3).* Available on-line at: http://www.unicef.org/pubsgen/sowc02summary/index.html

NOTE: Rates for Norway and Denmark are estimates based on the average score for developed countries in the index.

Percent of children under age five suffering from moderate or severe nutritional wasting

Moderate or severe wasting is defined as more than two standard deviations below median weight for height of the reference population. Data are from 1995-2000. Source: *UNICEF (2002) State of the World's Children 2002 Summary (Table 2).* Available on-line at: http://www.unicef.org/pubsgen/sowc02summary/index.html

Additional data from http://www.unicef.org/sowc01/tables

3. Standard scores, or Z scores, were created for each of the indicators using the following formula:

$$Z = \frac{X - \bar{X}}{S}$$

where Z = The standard, or Z score

X = The score to be converted

$\bar{X}$ = The mean of the distribution

S = The standard deviation of the distribution

4. The standard scores of indicators of ill-being were then multiplied by (–1) so that a higher score indicated increased well-being on all indicators.

Notes on specific indicators

- Countries reporting a lifetime risk of maternal mortality of zero were given a z-score of 3.94 (1 in 9200), the lowest risk for which a z-score could be calculated.
- To avoid rewarding school systems where pupils do not start on time or progress through the system, gross enrollment ratios between 100 and 105 percent were discounted to 100 percent. Gross enrollment ratios over 105 percent were discounted to 100 and any amount over 105 percent was subtracted from 100 (e.g., a country with a gross enrollment rate of 107 percent would be discounted to 100-(107-105), or 98.)

5. The standard scores of the four indicators related to women's health were averaged to create an index of women's health. An index of child well-being was created the same way. At this stage, cases (countries) missing more than one indicator for either sub-index were eliminated from the sample. Cases missing any one of the other indicators (i.e., educational status, political status) were also eliminated.

6. Z-scores were divided by the range of Z-scores for each variable in order to control for differences in the range of possible scores. These percentage scores (i.e., actual score as percent of range of scores) were then averaged to create the index scores.

7. The *Mothers' Index* was calculated as a weighted average of women's health status (29 percent), maternal educational status (29 percent), children's well being (30 percent) and maternal political status (12 percent). The scores on the *Mothers' Index* were ranked.

   NOTE: Data exclusive to mothers are not available for many important indicators (e.g. literacy rate, government positions held). In these instances, data on *women's* status have been used to approximate maternal status, since all mothers are women. In areas such as health, where a broader array of indicators are available, the index emphasizes indicators that address uniquely *maternal* issues.

8. In order to calculate correlation, the *Mothers' Index* was split into *Women's Index* and a *Children's Index*. The weights within the *Women's Index* were health status (40 percent), educational status (40 percent), and political status (20 percent). A variety of bivariate correlations were also calculated.

9. Data analysis was conducted using SPSS and Microsoft Excel software.

The Mothers' Index Indicators

The *Mothers' Index* is based on a composite of separate indices for women's well-being and children's well-being. Of the 105 countries included in the study, 22 are industrialized countries and 83 are in the developing world.

The six indicators of women's well-being are:

- **Lifetime risk of maternal mortality.** A woman's risk of death in childbirth over the course of her life is a function of many factors, including the number of children she has and the spacing of the births, as well as the conditions under which she gives birth and her own health and nutritional status. During conflict, women are more likely to give birth under difficult conditions, increasing the chance of complications and even death. During or after conflict, women may also be pressured into "revenge" or "nationalist" fertility, that is, having more children than they would otherwise, to replace lives lost in the conflict.

- **Percent of women using modern contraception.** Access to family planning resources, including modern contraception, allows women to plan their pregnancies. This helps ensure that the mother is physically and psychologically prepared to give birth and care for her child. Few women would choose to give birth under war or refugee conditions. Unfortunately, conflict is likely to disrupt health services and supplies of contraceptives.

- **Percent of births attended by trained personnel.** The presence of a trained attendant (such as a physician, nurse, midwife or health care worker trained in midwifery skills) at a birth reduces the likelihood of both maternal and infant mortality. The attendant can help create a hygienic environment and recognize complications that require urgent medical care. In many parts of the developing world, women have little or no access to local health services. Conflict may reduce those services even more or eliminate them altogether, especially in outlying areas. Conflict also makes it risky for women to travel greater distances to receive care.

- **Percent of pregnant women with anemia.** Poor nutritional status puts pregnant women and their children at risk for complications during birth, and makes them more susceptible to other types of illness. Anemia reflects nutritional deficiencies and possible malaria. During conflict, securing adequate and nutritious food, vitamin supplements, and prenatal care may be difficult, if not impossible, especially for displaced women.

- **Adult female literacy rate.** Educated women are more likely to be able to earn a livelihood and support their families. They are also more likely than uneducated women to ensure their children attend school. In conflict situations, they may take innovative approaches, such as home-based schools, to ensure that their children receive an education. Literacy and education are also resources women can draw on in post-conflict situations, when securing employment is often a major challenge.

- **Participation of women in national government.** Frequently in times of conflict, democratic institutions are suspended. When women have a voice in public institutions, they can participate directly in the peace and rebuilding processes, and advocate for issues of particular importance to women and children.

The four indicators of children's well-being are:

- **Infant mortality rate.** The infant mortality rate, the number of infant deaths per 1,000 live births, is likely to increase dramatically in conflict situations where mothers may receive little or no prenatal care and give birth under difficult circumstances, and children may not receive adequate nutrition, vaccinations, or treatment for common childhood illnesses.

- **Gross primary enrollment ratio.** School enrollment may plummet in war and conflict situations. Parents are often reluctant to let their children, especially daughters, travel long distances to school in unstable conditions. In full-blown conflict, schools may shut down completely, and in extreme conditions, children may be forced to participate in the fighting themselves. In protracted conflicts, basic education may be lost to an entire generation of children. Even if children do have a chance to resume their education, the disruption in their education and in their lives may lead to lower enrollment and attendance, and higher dropout rates.

- **Percent of population with access to safe water.** Safe water is essential to good health and survival. Families need an adequate supply for drinking, as well as cooking and washing. Conflict may destroy a country's infrastructure, reducing access to this essential resource. In other cases, people must travel longer distances at great personal risk to secure water. In some post-conflict countries, women and children make up a disproportionate number of land mine victims because they must cross potential mine fields to obtain water from far away sources.

- **Percent of children under age five suffering from moderate or severe nutritional wasting.** Poor nutrition affects children in many ways, including making them more susceptible to a variety of illnesses and impairing their cognitive development. In conflict situations, food production is often disrupted. There may be no labor force (because men are fighting); it may be unsafe to work in the fields due to fighting or land mines; and transportation lines may be disrupted. Furthermore, women and children make up the majority of displaced persons, and refugee women may find it extremely difficult to provide adequate nutritious food for their children without land or an income.

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